



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



AUTO SAFETY HOTLINE
(800) 424-9393
Wash. D.C. Area 366-0123

TRANSPORTATION RESEARCH CENTER

Indiana University
Bloomington, Indiana 47403-1599

**ON-SITE SCHOOL BUS
FIRE INVESTIGATION**

CASE NO. - 95-16
FLEET - SCHOOL CORPORATION VEHICLE
LOCATION
ACCIDENT DATE - 1995

Submitted By:

Senior Staff Associate
1995

Contract Number:

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
National Center for Statistics and Analysis
Washington, D.C. 20590

DISCLAIMERS

This document is disseminated under the sponsorship of the Department of Transportation in the interest of information exchange. The United States Government assumes no responsibility for the contents or use thereof.

The opinions, findings, and conclusions expressed in this publication are those of the authors and not necessarily those of the National Highway Traffic Safety Administration.

The crash investigation process is an inexact science which requires that physical evidence such as skid marks, vehicular damage measurements, and occupant contact points be coupled with the investigator's expert knowledge and experience of vehicle dynamics and occupant kinematics in order to determine the pre-crash, crash, and post-crash movements of involved vehicles and occupants.

Because each crash is a unique sequence of events, generalized conclusions cannot be made concerning the crashworthiness performance of the involved vehicle(s) or their safety systems.

1. Report No. TRC/IU Case No. 95-16		2. Government Accession No.		3. Recipient's Catalog No.	
4. Title and Subtitle On-Site School Bus Fire Investigation Location				5. Date 1995	
				6. Performing Organization Code	
7. Author(s)				8. Performing Organization Report No. TRC/IU 95-16, Task 9525	
9. Performing Organization Name and Address Indiana University Transportation Research Center 222 West Second Street Bloomington, Indiana 47403-1599				10. Work Unit No. (TRIS)	
				11. Contract or Grant No.	
12. Sponsoring Agency Name and Address U.S. Department of Transportation (NRD-32) National Highway Traffic Safety Administration National Center for Statistics and Analysis Washington, D.C. 20590				13. Type of Report and Period Covered 1995	
				14. Sponsoring Agency Code	
15. Supplementary Notes On-site school bus fire investigation involving a 1986 Chevrolet, 66-passenger, school bus (i.e., 6000 series chassis and cowl, body by Bluebird) with a manual lap belt for the driver (i.e., no other restraints)					
16. Abstract This report covers an on-site investigation of a school bus crash and subsequent fire that involved a 1986 Chevrolet-Bluebird school bus and a 1985 Chevrolet Cut-away van. The school bus was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was entering a four-leg intersection. The cutaway van which was traveling north in the northbound lane of another two-lane, undivided, county roadway and was also entering the same intersection. The right rear of the school bus (i.e., case vehicle's right rear wheel and rearward) was impacted by the front of the cutaway van (vehicle #2) causing a fire to begin in vehicle #2's engine compartment. According to the Fire Incident Report and the driver of vehicle #2, the fire started immediately upon impact. After the initial impact, both vehicles remained in contact (i.e., sustained) with each other. The case vehicle rotated clockwise after the initial impact and the right rearmost portion was subsequently sideslapped by the left, outside, rearview mirror of vehicle #2. The case vehicle continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the case vehicle's driver, as its rear end departed the roadway, the case vehicle started to tip over, but uprighted itself when it struck and sheared a utility pole. The case vehicle came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection. Vehicle #2 rotated approximately 45 degrees clockwise after its initial impact and subsequently sideslapped the case vehicle before moving with the case vehicle in a northeasterly direction. Vehicle #2 came to rest almost perpendicular to the case vehicle with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire. The case vehicle's driver (58 year-old female) was using her available, active, two-point lap belt and sustained, according to her interview, minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). According to the case vehicle's driver, there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers sustained minor contusions and abrasions. The driver (48 year-old female) of vehicle #2 was using her available, active, three-point, lap and shoulder belt and sustained, according to her interview and medical records, minor soft tissue injuries which included: an abrasion and multiple contusions and lacerations.					
17. Key Words Motor Vehicle Traffic Accident School Bus Fire Injury Severity			18. Distribution Statement General Public		
19. Security Classif. (of this report) Unclassified		20. Security Classif. (of this page) Unclassified		21. No. of Pages 183	
				22. Price \$7,900	

TABLE OF CONTENTS

	<u>Page No.</u>
SUMMARY	1
CRASH SCHEMATIC	2
ACCIDENT DATA	3
AMBIENT CONDITIONS	3
ROADWAY	3
TRAFFIC CONTROLS	4
VEHICLES	4
VEHICLE DAMAGE	5
EXTERIOR	5
Right Angle Impact	5
Sideslap Impact	6
Fixed Object Impact	6
INTERIOR	7
REPAIR	7
VEHICLE VELOCITY ESTIMATES	7
COLLISION SEQUENCE	8
PRE-CRASH	8
CRASH	8
POST-CRASH	9
Occupants	9
Police	9
Rescue	9
Removal	10
HUMAN FACTORS/OCCUPANT DATA	10
DRIVERS	10
INTERVIEWED OCCUPANTS	11
CASE VEHICLE DRIVER INJURIES	11
SECOND CASE VEHICLE OCCUPANT INJURIES	12
THIRD CASE VEHICLE OCCUPANT INJURIES	12
FOURTH CASE VEHICLE OCCUPANT INJURIES	12
FIFTH CASE VEHICLE OCCUPANT INJURIES	12
SIXTH CASE VEHICLE OCCUPANT INJURIES	12
SEVENTH CASE VEHICLE OCCUPANT INJURIES	13
EIGHTH CASE VEHICLE OCCUPANT INJURIES	13
NINTH CASE VEHICLE OCCUPANT INJURIES	13

TABLE OF CONTENTS (CONTINUED)

	<u>Page No.</u>
TENTH CASE VEHICLE OCCUPANT INJURIES	13
VEHICLE #2 DRIVER INJURIES	13
CASE VEHICLE DRIVER KINEMATICS	14
PASSENGER KINEMATICS	15
CASE VEHICLE EVACUATION	15
DISCUSSION	16
ACCIDENT COLLISION MEASUREMENT TABLE	17
Appendix A: Police Accident Report, Fire Incident Report, and Police Accident Report Supplement	19
Appendix B: Reconstruction Program Results CRASHPC (Barrier Option--Vehicle #2)	25
Appendix C: NASS CDS Accident Form	32
Appendix D: NASS CDS Vehicle Forms: Case Vehicle	34
Appendix E: NASS CDS Vehicle Forms: Vehicle #2	45
Appendix F: NASS CDS Interview Form: Case Vehicle Driver	66
Appendix G: Abbreviated NASS CDS Interview Forms: Case Vehicle Occupants	75
Appendix H: NASS CDS Interview Form: Vehicle #2 Driver	82
Appendix I: NASS CDS Occupant Assessment Form: Case Vehicle Driver	91
Appendix J: NASS CDS Occupant Injury Form: Case Vehicle Driver	97
Appendix K: NASS CDS Occupant Assessment Forms: Case Vehicle Occupants	102
Appendix L: NASS CDS Occupant Injury Forms: Case Vehicle Occupants	148
Appendix M: NASS CDS Occupant Assessment Form: Vehicle #2 Driver	168
Appendix N: NASS CDS Occupant Injury Form: Vehicle #2 Driver	174

TRC/IU ON-SITE SCHOOL BUS FIRE INVESTIGATION

TRC/IU CASE NO. 95-16

FLEET - SCHOOL CORPORATION VEHICLE LOCATION -

SUMMARY

This report concerns a motor vehicle crash and subsequent fire involving a 1986 Chevrolet school bus (i.e., 6000 series bus chassis and cowl, body by Bluebird) and a 1985 Chevrolet cutaway van occurring on Thursday, 1995 at 8:20 a.m., near on a county road. This crash is of special interest because the school bus was consumed by the subsequent fire.

The school bus was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was entering a four-leg intersection when it collided with the cutaway van which was traveling north in the northbound lane of another two-lane, undivided, county roadway and was also entering the same intersection. After the initial impact, both vehicles remained in contact (i.e., sustained) with each other. The school bus rotated clockwise after the initial impact and was subsequently sideslapped by the cutaway van. The school bus continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the driver of the school bus, as the bus's rear end departed the roadway, it started to tip over, but uprighted itself when it struck and sheared a utility pole. The Chevrolet school bus came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection. According to the Fire Incident Report and the driver of the cutaway van, the engine compartment of her van immediately burst into flames upon its initial impact with the school bus. The cutaway van rotated approximately 45 degrees clockwise after its initial impact and subsequently sideslapped the bus before moving with the bus in a northeasterly direction. The Chevrolet cutaway van came to rest almost perpendicular to the school bus with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire.

The right rear of the school bus (i.e., right rear wheel and rearward) was impacted by the front of the cutaway van causing a fire to begin in the van's engine compartment. Subsequently, the left, outside, rearview mirror of the cutaway van sideslapped the right rearmost portion of the Bluebird bus body, and the left rear of the school bus impacted the utility pole. CDCs were determined to be: 12-FDEW-3 and 09-LPGN-1 for the cutaway van. Neither CDC or TDC is applicable to the school bus. No reconstruction program was used on this crash because the NASS, CDS, CRASH3PC protocol requires that both of the involved vehicles be CDC-applicable; however, this contractor's visually estimated Delta Vs are between 10 k.p.h. (6 m.p.h.) and 25 k.p.h. (16 m.p.h.) for the school bus and between 25 k.p.h. (16 m.p.h.) and 40 k.p.h. (25 m.p.h.) for the cutaway van.

The 1986 Chevrolet-Bluebird school bus was equipped with an active, two-point, lap belt in the driver position only. According to the driver (58 year-old female) of the school bus, she was using her lap belt. According to her interview, she sustained minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). The driver of the school bus was listed on the Police Accident Report as not sustaining any injury as a result of this crash. According to the driver's interview, there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers sustained minor contusions and abrasions and were listed on the Police Accident Report as sustaining "B" (nonincapacitating-evident) or "C" (possible) injuries. The driver (48 year-old female) of the cutaway van was using her available, active, three-point, lap and shoulder belt and was listed on the Police Accident Report as sustaining an "A" (incapacitating) injury as a result of this crash. According to her interview, she sustained minor injuries which include: an abrasion and multiple contusions and lacerations.

CRASH SCHEMATIC

TRC/IU CASE NO. 95-16

Scale: 1 cm = 2.5 m
(prior to reduction @ 94%)

Road Surface: Asphalt
Road Condition: Dry
Curvature: Straight
Slope, pre-impact = Level
Slope, at impact = Level



Case Vehicle at Final Rest → →

Event Number Four: bus →
impacts utility pole

Vehicle #2 at Final Rest → →

RL

RP

Event Number One: bus
and van impact @ right
angles

Event Number Two: van
bursts into flames on
impact with bus

Event Number Three: {not
shown} bus and van
sideslap

TRC/IU ON-SITE SCHOOL BUS FIRE INVESTIGATION

TRC/IU CASE NO. 95-16

FLEET - SCHOOL CORPORATION VEHICLE LOCATION

ACCIDENT DATA

Location/Street: County Road
City/Township: near
Area/Type: Rural, Agricultural
Accident Date/Time: 1995, @ 8:20 a.m.
Investigating Police Agency: State Police
Accident Type: School Bus / Cutaway Van - right angle
Occupant Injury Severity
(case vehicle): Contusions, Lacerations (AIS-1)

AMBIENT CONDITIONS

Light Conditions: Daylight
Weather Condition: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Location:	County road	County road
Number of Travel Lanes:	2-lanes, undivided	2-lanes, undivided
Width:	2.6 m	2.9 m
Surface Type:	Asphalt	Asphalt
Median:	None	None
Shoulders:	Unimproved, grass	Unimproved, grass
Vertical alignment:	Level	Level

ROADWAY (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Horizontal alignment:	Straight	Straight
Estimated Coefficient of Friction:	.80	.80
Traffic Density:	Light	Light

TRAFFIC CONTROLS

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Signals:	None	None
Signs:	STOP sign	SPEED LIMIT sign
Markings:	None	None
Speed Limit:	72 k.p.h. (45 m.p.h.)	72 k.p.h. (45 m.p.h.)

VEHICLES

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Year:	1986	1985
Make:	Chevrolet; Bluebird body	Chevrolet
Model:	Incomplete vehicle, 6000 series chassis - cowl, 4x2	Incomplete vehicle, chassis - cab, 4x2, 1 ton
Body Type:	School bus, 66-passenger	Commercial cutaway van, full sized
V.I.N.:	1GBJ6P1B7GV-----	2GBHG31M2F4-----
Color:	Yellow	White according to the Police Accident Report Supplement
Mileage:	222,584 km (138,307 miles)	Unknown, burnt
Engine:	6.0 liters, V8	5.7 liters, V8
Transmission:	Manual, 4-speed	Automatic, 3-speed
Steering:	Power-assisted, worm and gear	Power-assisted, worm and gear

VEHICLES (CONTINUED)

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Brakes:	Power-assisted, front disc, rear drum	Power-assisted, front disc, rear drum
Padding:	Unknown, interior gutted by fire	Unknown, interior gutted by fire and filled with debris
Active Restraints:	Lap belt only	3-point lap and shoulder belt for both front bucket seats
Passive Restraints:	None	None
Defects:	None according to the Police Accident Report Supplement	Unknown
Fleet:	School Corporation	Private vehicle
Tow status:	Towed due to damage	Towed due to damage

VEHICLE DAMAGE

<u>EXTERIOR</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
<u>Right Angle Impact</u>		
Event number:	First	First
Object Struck:	Vehicle #2	Case Vehicle
Damage location		
Damaged Plane:	Right	Front
Vertical Location		
On Plane:	Sill and below	Bumper and above
Direct Begins:	24 cm (9.4 in) forward of right rear axle	From left bumper corner to right bumper corner
Length Direct:	346 cm (136.2 in)	165 cm (65.0 in)
Field L:	356 cm (140.2 in)	158 cm (62.2 in)
C ₁ :	Not applicable	17 cm (6.7 in)
C ₂ :	Not applicable	19 cm (7.5 in)
C ₃ :	Not applicable	19 cm (7.5 in)
C ₄ :	Not applicable	19 cm (7.5 in)
C ₅ :	Not applicable	29 cm (11.4 in)
C ₆ :	Not applicable	22 cm (8.7 in)
D:	Not applicable	0 cm (0.0 in)
Maximum Crush:	18 cm (7.1 in)	31 cm (12.2 in)
Location:	Not applicable	Near C ₅

VEHICLE DAMAGE (CONTINUED)

EXTERIOR (Continued)Case VehicleVehicle #2Right Angle Impact (Continued)

CDC:

Not applicable

12-FDEW-3

Damaged Components:

Right rear wheel and side panel

Front bumper, hood, and headlight assemblies; right and left fenders

Sideslap Impact

Event number:

Third

Third

Object Struck:

Vehicle #2

Case Vehicle

Damage location

Damaged Plane:

Right

Left

Vertical Location

On Plane:

Not applicable

Above beltline

Direct Begins:

Not measured

On left outside rearview mirror

Length Direct:

Not measured

Not measured

Field L:

Not measured

Not measured

C₁:

Unknown

Unknown

C₂:

Unknown

Unknown

C₃:

Unknown

Unknown

C₄:

Unknown

Unknown

C₅:

Unknown

Unknown

C₆:

Unknown

Unknown

D:

Unknown

Unknown

Maximum Crush:

Unknown

Unknown

Location:

Unknown

Unknown

CDC:

Not applicable

09-LPGN-1

Damaged Components:

Right side body panel

Left outside rearview mirror

Fixed Object ImpactCase Vehicle

Event number:

Fourth

Object Struck:

Utility pole

Damage location

Damaged Plane:

Left

Vertical Location

On Plane:

Not applicable

Direct Begins:

3 cm (1.2 in) forward of left rear bumper corner

Length Direct:

132 cm (52.0 in)

VEHICLE DAMAGE (CONTINUED)¹Fixed Object Impact (Continued)Case Vehicle

Field L:	Not measured
C ₁ :	Unknown
C ₂ :	Unknown
C ₃ :	Unknown
C ₄ :	Unknown
C ₅ :	Unknown
C ₆ :	Unknown
D:	Unknown
Maximum Crush:	Unknown
Location:	Unknown
CDC:	Not applicable
Damaged Components:	Left side body panel

INTERIOR¹Case VehicleVehicle #2

Damaged Components: ¹	None visible	Unknown
Other Evidence of Occupant Contact: ¹	None	Unknown
Manual Restraint System Failures:	Unknown	Unknown
Seat Performance Failures:	None	None

REPAIR

Cost Estimate:	\$ 50,000 according to the Fire Incident Report	Unknown
----------------	--	---------

VEHICLE VELOCITY ESTIMATES

Highest Delta "V"Case VehicleVehicle #2

Reconstruction Program:	Not applicable	Not applicable
Program Algorithm:	Not applicable	Not applicable

¹ The fire that resulted from the right angle impact between the two vehicles destroyed whatever evidence of interior damage or occupant contacts that may have occurred.

VEHICLE VELOCITY ESTIMATES (CONTINUED)²

<u>Highest Delta "V" (Continued)</u>	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Travel Speed: ²	16 k.p.h. (10 m.p.h.)	48 k.p.h. (30 m.p.h.)
Total Delta "V":	Unknown	Unknown
Longitudinal Delta "V":	Unknown	Unknown
Lateral Delta "V":	Unknown	Unknown

COLLISION SEQUENCE

PRE-CRASH: According to the Police Accident Report and the case vehicle's driver the case vehicle (school bus) was traveling east in the eastbound lane of a two-lane, undivided, county roadway and was attempting to continue eastward in its direction of travel through the four-leg intersection. Vehicle #2 (cutaway van) was traveling north in the northbound lane of another two-lane, undivided, county roadway and was attempting to continue northward in its direction of travel through the same four-leg intersection.

According to the case vehicle driver, she initially did not see vehicle #2. According to the case vehicle driver and our scene inspection, the case vehicle driver's line of sight looking toward the south from the west leg of the intersection was blocked by several large trees and a corn field³. This obstruction most likely made the bus driver pull-out several feet into the intersection in order to check for north-south traffic. According to the case vehicle driver, as she was entering the intersection she noticed vehicle #2 approaching from the south and attempted to accelerate to avoid the collision. As a result, the case vehicle continued straight ahead prior to impact. According to the driver of vehicle #2, she attempted to brake (without lock-up) prior to striking the case vehicle. After braking vehicle #2 continued essentially straight ahead prior to impact. The crash occurred in the intersection of the two roadways.

CRASH: According to the vehicle inspections, the right rear of the case vehicle (i.e., right rear dual wheels and rearward) was impacted by the front of vehicle #2. According to the Fire Incident Report and the driver of vehicle #2, the initial impact with the case vehicle caused the engine compartment of vehicle #2 to immediately burst into flames. According to the Police Accident Report and the vehicle inspections, vehicle #2 remained in contact with the case vehicle through final rest.

² The case vehicle, a 66-passenger school bus weighing approximately 8 tons, started eastward from a STOP sign and, according to the case vehicle's driver, was going approximately 16 k.p.h. (10 m.p.h.) when impacted. The driver of vehicle #2 indicated that she was traveling northward at approximately 48 k.p.h. (30 m.p.h.) prior to braking--the speed limit was 72 k.p.h. (45 m.p.h.). She indicated that she was traveling so slow because she was hauling all of her daughter's possessions (i.e., in the rear of her cutaway van) to her daughter's college dorm. This contractor believes that her speed at impact was most likely between 40 k.p.h. (25 m.p.h.) and 56 k.p.h. (35 m.p.h.).

³ The cornfield had been cut back on both the east and west legs prior to this contractor's scene inspection.

COLLISION SEQUENCE (CONTINUED)

Crash: (Continued)

According to the Police Accident Report, the driver interviews, and the scene inspection, the case vehicle rotated clockwise after the initial impact and was subsequently sideslapped by vehicle #2. According to the scene inspection, the case vehicle continued to rotate clockwise while moving northeastward toward the northeast corner of the intersection. According to the driver of the case vehicle, as the case vehicle's rear end departed the roadway, it started to tip over, but uprighted itself when it struck and sheared a utility pole. According to the Police Accident Report and the scene inspection, the case vehicle came to rest heading southeast, completely blocking both travel lanes on the east leg of the intersection.

According to the Police Accident Report and the scene inspection, vehicle #2 rotated approximately 45 degrees clockwise after its initial impact. According to our vehicle inspections, vehicle #2 subsequently sideslapped the case vehicle before moving with the case vehicle in a northeasterly direction. Vehicle #2 came to rest almost perpendicular to the case vehicle with its front end hanging off the northeast corner of the intersection heading northeast. At their final rest positions, both vehicles were completely consumed by the fire.

POST-CRASH:

Occupants: According to the case vehicle driver, she and all 26 student passengers of the case vehicle remained inside the vehicle at final rest. She and the passengers were conscious and able to exit the case vehicle before the vehicle was consumed by the fire. According to the driver of vehicle #2, she also remained inside the vehicle at final rest, was conscious, and exited her vehicle by crawling out the right side window before her vehicle was consumed by the fire. According to the Police Accident Report, the case vehicle was equipped with an active, two-point, lap belt in the driver position only. According to the Police Report, the driver of the school bus was not wearing her lap belt. According to the vehicle inspection, vehicle #2 was equipped with active, three-point, lap and shoulder belts at the front outboard positions. According to the Police Accident Report and the driver of vehicle #2, she was using her available safety belt.

Police: The investigating police agency was notified of the crash within two minutes and arrived on-scene within fifteen minutes. Traffic control procedures were established and emergency medical, fire, and towing services were called to assist.

Rescue: According to the Police Accident Report and the case vehicle's driver, she was transported by the police and administered a sobriety test. According to the case vehicle's driver, she subsequently went to a medical facility where she was treated and released. According to her interview, she sustained minor injuries which include: a cervical strain (i.e., upper back and neck spasms) and a contusion to her medial lower leg (i.e., calf). According to the driver's interview,

COLLISION SEQUENCE (CONTINUED)

POST-CRASH: Rescue: (Continued)

there were 26 students on the bus at the time of the crash. According to the Police Accident Report nine of the student passengers were transported by ambulance to a medical facility where they were treated and released. According to the Police Accident Report, the transported passengers sustained minor contusions and abrasions. According to the driver of vehicle #2 and her medical records, she was transported by ambulance to a medical facility where she was treated and released. According to her interview, she sustained minor injuries which include: an abrasion and multiple contusions and lacerations.

Removal: Following the police investigation, the case vehicle and vehicle #2 were both towed from the scene because of their damage.

HUMAN FACTORS OCCUPANT DATA

	<u>Case Vehicle</u>	<u>Vehicle #2</u>
DRIVERS:	58 years-old female	48 years-old female
Height:	165 cm (65 in)	170 cm (67 in)
Weight:	64 kg (140 lbs)	66 kg (145 lbs)
Occupation:	School bus driver; unemployed since crash	Proprietor (show dogs)
Active Restraint System/Usage:	Lap belt/used	3-point lap and shoulder belt/used
Usage Source:	Interviewee	Interviewee
Passive Restraint System/Usage:	None available/None used	None available/None used
Usage Source:	Not applicable	Not applicable
Eye glasses/contacts:	Unknown	None
Vehicle Familiarity:	First time in this specific bus; ~45,000 km (28,000 mi) last year in similar type school buses	Driven for 3 years; ~8,000 km (5,000 mi) per year
Route Familiarity:	First time on this bus route; driven this road infrequently	Driven daily

HUMAN FACTORS/OCCUPANT DATA (CONTINUED)

DRIVERS: (Continued)	<u>Case Vehicle</u>	<u>Vehicle #2</u>
Trip Plan:	School to school, picking up students along designated bus route	Driving daughter from home to college
Manner of Leaving Scene:	Police vehicle: taken for blood alcohol test	Private vehicle {Daughter's vehicle which was following}
Type of Medical Treatment:	Treatment later @ hospital emergency room	Transported and released
Blood Alcohol Level:	Negative {.00 per PAR}	Not tested
	<u>Case Vehicle: 9th row, right side, window seat</u>	<u>Case Vehicle: 10th row, right side, window seat</u>
INTERVIEWED OCCUPANTS	9 year-old female	12 year-old female
Height:	145 cm (57 in)	168 cm (66 in)
Weight:	50 kg (110 lbs)	47 kg (103 lbs)
Active Restraint System/Usage:	None available/None used	None available/None used
Usage Source:	Vehicle inspection, Police Accident Report	Vehicle inspection, Police Accident Report
Passive Restraint System/Usage:	None available/None used	None available/None used
Usage Source:	Not applicable	Not applicable
Eye glasses/contacts:	Not applicable	Not applicable
Manner of Leaving Scene:	Ambulance	Ambulance
Type of Medical Treatment:	Treated and released	Treated and released

CASE VEHICLE DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Cervical strain {muscle spasms}	640278.1,6	7	Noncontact flexion-extension	{Possible}
Contusion medial right lower leg	890402.1,1	7	Interleg contact of occupant's own legs	{Probable}

SECOND CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}

THIRD CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}

FOURTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Injury to lower extremity, not further specified	890099.1,9	9	Unknown source	{Unknown}

FIFTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion scalp, not further specified	190402.1,9	9	Unknown source	{Unknown}

SIXTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion right elbow	790202.1,1	3	Right side interior bus surface	{Probable}
Contusion right elbow	790402.1,1	3	Right side interior bus surface	{Probable}

SEVENTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion left lateral eyebrow	290202.1,2	7	Seat back support	{Possible}
Contusion left lateral eyebrow	290402.1,2	3	Seat back support	{Possible}
Abrasion right arm above elbow	790202.1.1	3	Right side interior bus surface	{Probable}
Contusion right arm above and below elbow	790402.1,1	3	Right side interior bus surface	{Probable}
Contusion left proximal forearm	790402.1,2	3	Seat back support	{Possible}

EIGHTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion to upper extremity, not further specified	790202.1,9	9	Unknown source	{Unknown}

NINTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion scalp, not further specified	190202.1,9	9	Unknown source	{Unknown}

TENTH CASE VEHICLE OCCUPANT INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Abrasion to upper extremity, not further specified	790202.1,9	9	Unknown source	{Unknown}

VEHICLE #2 DRIVER INJURIES

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Laceration left knee	890602.1,2	3	Left instrument panel and below	{Probable}
Contusion left knee	890402.1,2	3	Left instrument panel and below	{Probable}

VEHICLE #2 DRIVER INJURIES (CONTINUED)

<u>Description of Injury</u>	<u>A.I.S.</u>	<u>Source of Data</u>	<u>Injury Mechanism</u>	<u>Certainty</u>
Contusion right knee	890402.1,1	3	Left instrument panel and below	{Probable}
Laceration right ankle	890602.1,1	3	Foot controls (i.e., brake pedal)	{Possible}
Laceration left ankle	890602.1,1	3	Left instrument panel and below	{Probable}
Abrasion left shoulder	790202.1,2	3	Torso portion of 3-point restraint	{Probable}
Contusion chest	490402.1,4	7	Torso portion of 3-point restraint	{Probable}
Contusion left shoulder	790402.1,2	7	Torso portion of 3-point restraint	{Probable}
Contusion left forearm	790402.1,2	7	Left instrument panel and below	{Probable}
Sprain left ankle	850206.1,2	7	Toe pan	{Probable}
Contusion left ankle	890402.1,2	7	Toe pan	{Probable}

CASE VEHICLE DRIVER KINEMATICS

According to the case vehicle driver, her initial posture just prior to the impact was: sitting upright with her back against the seatback, left foot on the floor, and right foot on the accelerator--she had attempted to accelerate immediately prior to impact. The vehicle inspection revealed that the seat track was set all the way forward with the seatback, which was not adjustable, in the upright position. According to the case vehicle's driver, this was her first time in this bus, so she had to adjust the seat track position.

Based on the driver's interview and occupant kinematic principles, the case vehicle's right angle impact with vehicle #2 caused the rear end of the 38-foot bus to rotate clockwise. According to the driver, the impact and subsequent rotation had little effect on her posture, most likely because the impact was so far rearward of the driver's seating position. The driver stated that she was wearing her available, active, lap belt.

After the initial impact with vehicle #2, the case vehicle and vehicle #2 sideslapped each other, most likely having an insignificant impact on the posture of the case vehicle's driver. After the sideslap, the case vehicle continued its clockwise rotation as the case vehicle went off the north-east corner of the intersection causing it to tip to it's left. As the case vehicle was tipping, it struck a utility pole and uprighted itself. According to the driver she had no recollection how her body reacted to either the clockwise rotation or the case vehicle's tipping to the left. Her only recollection was the feeling of shear panic at the thought that the bus, loaded with all the children was going to tip on it's side.

At final rest, according to the driver, she was essentially in the same seating position as she was prior to the crash due to her wearing her available lap belt.

PASSENGER KINEMATICS

This contractor sent a questionnaire to the nine student passengers reported as injured on the Police Accident Report. Of the nine students, only two questionnaires were returned and both agreed to allow this contractor to acquire their medical records.

According to the nine year-old female passenger (#07) who was seated in the ninth row, right side, window seat, her posture immediately prior to the crash was: sitting upright with both feet on the floor and both hands on the seat in front of her bracing for the impending crash. It should be noted that there are no seatbelt restraints available for anyone other than the case vehicle's driver.

Based on this passenger's returned questionnaire and occupant kinematic principles, the case vehicle's impact with the van caused her to move forward and to her right contacting the interior right side of the bus with her right arm causing a contusion to her right upper arm and an abrasion to her right forearm. This occupant also sustained a contusion and abrasion to the left lateral side of her forehead (at her eyebrow) and a contusion to her left forearm most likely, according to her interview, from contacting the seatback in front of her.

This passenger most likely moved backwards and to her left during the case vehicle's clockwise rotation, leftward tipping, and subsequent impact with the utility pole. Although it is unknown what the sequencing of contacts were, it is most likely that the right side injuries occurred during the initial impact with vehicle #2 while the left forearm and forehead injuries occurred during the utility pole impact. This occupant has no recollection regarding her location or posture at final rest.

According to the twelve year-old female passenger (#10) who was seated in the tenth row, right side, window seat, her posture immediately prior to the crash was: sitting upright with both feet on the floor and both hands on her lap.

Based on this passenger's returned questionnaire and occupant kinematic principles, the case vehicle's impact with the van caused her to move forward and to her right contacting the interior right side of the bus with her right arm causing an abrasion and a contusion to her right elbow.

This passenger also most likely moved backwards and to her left during the case vehicle's clockwise rotation, leftward tipping, and subsequent impact with the utility pole. This occupant has no recollection regarding her location or posture at final rest.

CASE VEHICLE EVACUATION

According to the Supplemental Police Accident Report and the case vehicle's driver, all 26 student passengers evacuated the bus in a quick and orderly manner. According to the driver's interview, upon coming to a complete stop, she immediately told the students to come up to the front of the bus in single file and exit. Although she could see the fire in her outside review mirror and determined that the fire was worsening, she was careful not to panic the students by mentioning the fire; however, the students most likely saw the fire. After exiting the case vehicle, the driver instructed them to go south to a nearby residence and call 911 for help. According to the case vehicle driver, a couple of students wanted to go back and retrieve their backpacks, but she would not allow them to re-enter the case vehicle.

DISCUSSION

This contractor believes the school bus driver's obstructed line-of-site to the south, looking for northbound traffic, contributed to this crash. According to the school bus driver, the cornfield at the southwest corner of the intersection was cut back following the crash. The scene investigation (see **SELECTED PHOTOGRAPHS #04** and **#16**) confirmed that a portion of cornfield on the southwest corner had been recently cut. In addition to the line-of-site problem for the case vehicle driver, this contractor believes that the bus driver was not sure regarding her route's⁴ direction of travel (i.e, proceeding eastward versus turning left to go north). Together, these factors contributed to the crash.

⁴ Although the case vehicle driver was an experienced school bus driver, this was her first time on this route.

ACCIDENT COLLISION MEASUREMENT TABLE



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT COLLISION MEASUREMENT TABLE

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Primary Sampling Unit Number 10

Case Number—Stratum 9516

ACCIDENT COLLISION DIAGRAM		CRASH DATA
<p><u>Document the physical plant:</u></p> <ul style="list-style-type: none"> • all road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement markings, parked vehicles, poles, signs, etc.) • all traffic controls (e.g., speed limit) • north arrow placed on diagram • roadway surface type and condition of applicable roadways • grade measurements for all applicable roadways and at location of rollover initiation • roadway curvature 	<p><u>Document vehicle dynamics including:</u></p> <ul style="list-style-type: none"> • reference point and reference line relative to physical features present at the scene • scaled documentation of all accident induced physical evidence • scaled documentation of all roadside objects contacted • scaled representations of the vehicle(s) at pre-impact, impact, and final rest based upon either: <ul style="list-style-type: none"> a) physical evidence, or b) reconstructed accident dynamics 	<p>VEH. #1 VEH. #2 VEH. #3</p> <p>Heading Angle <u>90 000</u></p> <p>Surface Type <u>ASphalt</u></p> <p>Surface Condition <u>DRY</u></p> <p>Coefficient of Friction _____</p> <p>Grade (v/h) Measurement (between impact and final rest) _____</p> <p>Grade (v/h) Measurement (at location of rollover initiation) _____</p> <p><u>SPD Limit 45 mph</u></p>

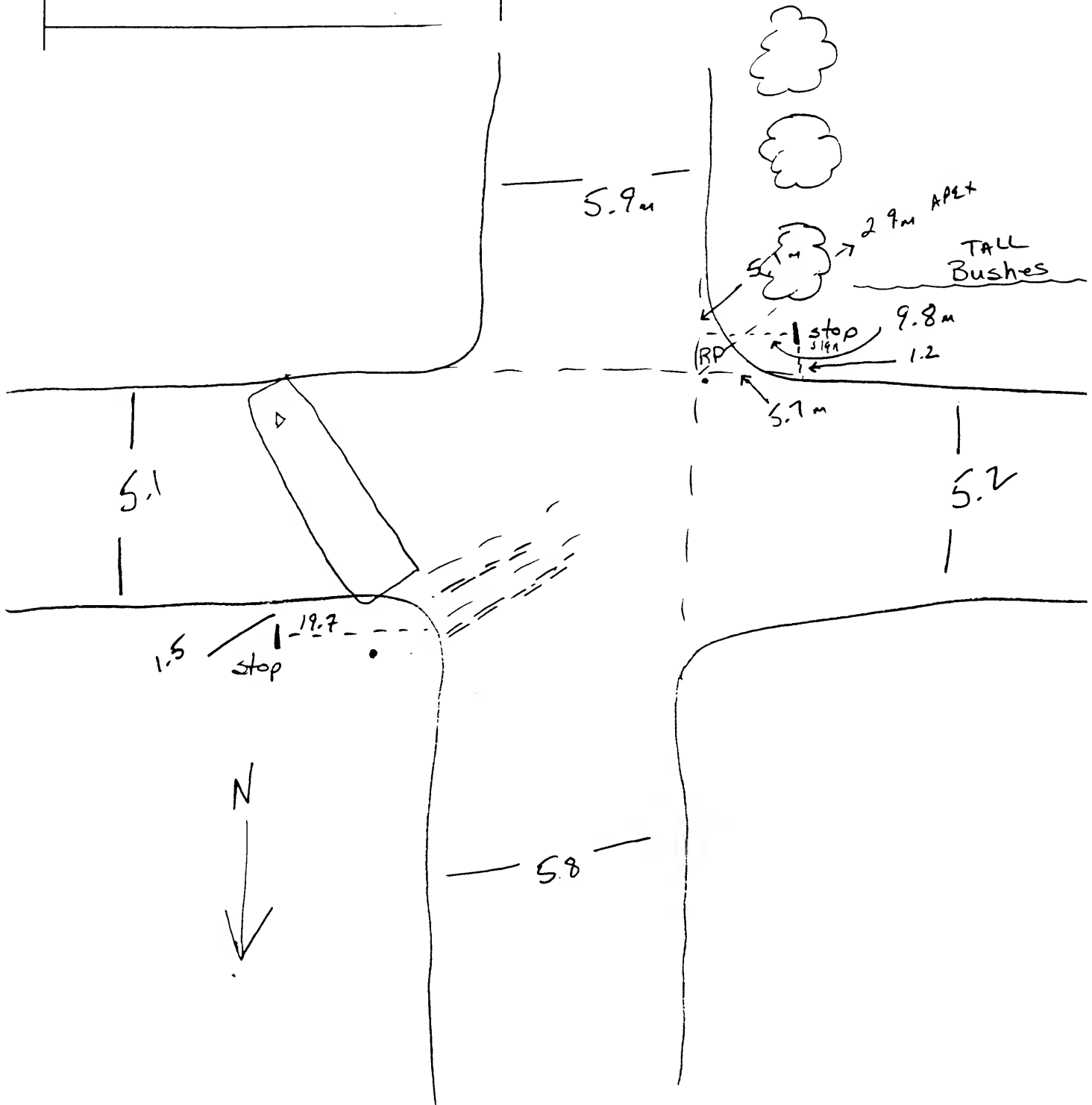
Reference Point: _____

Reference line: _____

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
NEW Pole	9.2 E	7.2 N
BUS RF FRP	15.1 E	.5 S
BUS LF FRP	17.2 E	1.1 N
" RR FRP	9.8	5.8 N
SCRAPE BEG	3.5 E	3.6 N
END	6.7 E	5.3 N
SCRAPE BEG	3.2 E	4.8 N
END	6.7 E	7 N
BEG BUS TIRE SCUFF	5.5 E	4.6 N
END BUS TIRE SCUFF	8.3 E	5.4 N
END VAN TIRE SCRAPE	5 E	5.2 N

BEG " " " 3.5 E 3.8
 END " " " 3.8

Item	Distance and Direction from Reference Point	Distance and Direction from Reference Line
Approximations @ scene w/ evidence		
Bus FRP HDG 135		
VAN FRP HDG 53		



Appendix A:

**POLICE ACCIDENT REPORT, FIRE INCIDENT REPORT,
AND POLICE ACCIDENT REPORT SUPPLEMENT**

OFFICER'S STANDARD CRASH REPORT

OFFICE USE ONLY

Crash I.D. No.

State Form:

Mail to: State Police, Crash Records Section

1.	Prim. 9	2.	V1 9	3.	V1 5	4.	V2 5	5.	V2 1	6.	V2 1	7.	2	8.	1	9.	4	10.	2	11.	1	12.	1	13.	2	14.	1	15.	1	15A.	2
Date of Crash		YEAR 95		Day of Week		Actual Local Time		<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		No. Motor Vehicles 2		No. Injured 10		No. Dead 0		No. Trailers 0															
County		Township		City/Town or Nearest City/Town																											
Inside Corporate Limits?		Property?		<input type="checkbox"/> DNR		Distance and Direction From Corporate Limits				Miles North 8		Miles South		Miles East 7.5		Miles West															
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Other																													
Road Crash Occurred On		Intersecting Road/Mile Marker/Interchange		ROAD																											
If not at Intersection, number of feet from		Direction		Nearest Intersecting Road/Mile Marker/Interchange																											
Driver's Name (Last, First, MI)		Driver's Name (Last, First, MI)																													
Address (Street, City, State, Zip)		Address (Street, City, State, Zip)																													
Apparent Phys. Stat. (enter no.)		Sex		Date of Birth		Arrested?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Lic. Type		Lic. St.		Restr.																	
1		F		58		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				CH		OP																			
Driver's License No.		Lic. Type		Lic. St.		Restr.		Color		Veh. Yr		Make		Model Name																	
		CH						YEL		86		CHEV		BLUEBIRD																	
Veh. Type (enter no.)		Lic. Yr		License No.		Lic. State		Veh. Type (enter no.)		Lic. Yr		License No.		Lic. State																	
9		95						3		95																					
Veh. Use (enter no.)		Speed Limit		Fuel Tax No.		Direction of Travel		No. Occupants		Fire?		No. Axles		Transporting Hazardous Mat.																	
2		45				E		27		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Towed To		Towed By		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)		Registered Owner's Name (Last, First, MI)		Address (Street, City, State, Zip)																	
License No.		Make		Year		Lic. St.		Lic. Yr		License No.		Make		Year		Lic. St.		Lic. Yr													
INITIAL IMPACT		Areas Damaged (Multiples)		VEHICLE 1		VEHICLE 2		PEDESTRIAN																							
V1 4 V2 2		10 - Undercarriage		10		10		Direction Street/Highway		Arrested?		Apparent Phys. Stat. (enter no.)																			
DAMAGE EST		11 - Trailer		11		11		What was pedestrian doing before crash?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Enter No.																			
V1 5 V2 4		12 - None		12		12		1 Not in roadway																							
								2 Standing in roadway																							
Name of Object		OWNER'S NAME AND ADDRESS		Damage Est. (use chart)				3 Playing in roadway																							
								4 Pushing or working on vehicle																							
								5 Other working in roadway																							
								6 Walking in roadway with traffic																							
								7 Walking in roadway against traffic																							
								8 Getting on or off vehicle																							
								9 Getting on or off school bus																							
								10 Crossing or entering not at intersection																							
								11 Crossing or entering at intersection																							
								12 Other																							
								Pedestrian Traffic Control? <input type="checkbox"/> Yes <input type="checkbox"/> No																							
16		17		18		19		20		21		22		23		24		25		26		27		28		29					
NASS		1		2		1		DRIVER OF VEHICLE 1 (as listed above)		O		11		11		11		2		3		.00									
CDS		2		1		1		DRIVER OF VEHICLE 2 (as listed above)		A		8		11		11															
02		1		1		1				B		9		5		1		7		M		1									
03		1		1		1				A		9		5		1		7		F		1									
04		1		1		1				C		10		11		1		10		F		1									

Diagram

Indicate NORTH
by an arrow

SEE ATTACHED DIAGRAM

NARRATIVE (Refer to Vehicle by Number)

Veh #1 was traveling East bound on _____ stopped at the intersection to _____

Veh #2 was traveling North bound on _____ approaching the intersection to _____

As Veh #2 approached the intersection, Veh #1 failed to yield to the oncoming Veh., moving into the intersection (East bound) and into the oncoming path of Veh #2.

Veh #2 in an attempt to avoid Veh #1, steered to the right (East), where Veh #2 collided into the right rear side of Veh #1. After impacting Veh #2, Veh #1 rotated clockwise, where the rear of Veh #1 then collided into a telephone pole located on the northeast corner of the intersection. Veh #1 came to a final uncontrolled rest just east of _____ on _____ facing in a Southeast direction. Veh #2 after impact, came to a final uncontrolled rest at the northeast corner of _____ and _____ facing in a northeast direction.

D1 Insured By

D2 Insured By

Other Participant(s) Name, Address (etc.)

Name of Witness No. 1

Location at Time of Crash

Behind Vehicle #2

Name of Witness No. 2

Address

Location at Time of Crash

Name of Person

Name of Person Arrested

I.C. Code(s)

Time Notified

8:22

☒ AM

Time Arrived

8:35

☒ AM☐ PM

Investigation Complete

Investigation Complete

☒ Yes ☐ No

Photos Taken

☒ Yes ☐ No

Assisting Officer

M/Trip

Assist

Date of Report

95

Driver Report Form Furnished

☒ D1☒ D2

INVESTIGATION

1. Prim.
V1
V1
V2
V2
2. V1
V2
3. V1
V1
V1
V2
V2
V2
4. V1
V1
V2
V2
5. V1
V2
6. V1
V2

State Form:
Mail to.

Crash Records Section

OFFICE USE ONLY
Crash I.D. No.

LOCATION
Date of Crash YEAR 95 Day of Week Actual Local Time
County Township City/Town or Nearest City/Town
Inside Corporate Limits? Property? ☐ DNR Distance and Direction From Corporate Limits
☐ Yes ☒ No ☐ Private ☒ Other 80 Miles North Miles South Miles East 7.5 Miles West
Road Crash Occurred On Intersection Road/Mile Marker/Interchange
If not at Intersection, number of feet from Direction Nearest Intersecting Road/Mile Marker/Interchange

DRIVER 1
Driver's Name (Last, First, MI)
Address (Street, City, State, Zip)
Apparent Phys. Stat (enter no.) Sex Date of Birth YEAR MONTH DAY Arrested? ☐ Yes ☐ No
Driver's License No. Lic. Type Lic. St. Restr.
Color Veh. Yr. Make Model Name
Veh. Type (enter no.) Lic. Yr. License No. Lic. State
Veh. Use (enter no.) Speed Limit Fuel Tax No.
Direction of Travel No. Occupants Fire? ☐ Yes ☐ No No. Axles Transporting Hazardous Mat. ☐ Yes ☐ No
Towed To Towed By
Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)
Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)
License No. Make Year Lic. St. Lic. Yr.

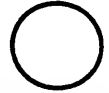
DRIVER 2
Driver's Name (Last, First, MI)
Address (Street, City, State, Zip)
Apparent Phys. Stat (enter no.) Sex Date of Birth YEAR MONTH DAY Arrested? ☐ Yes ☐ No
Driver's License No. Lic. Type Lic. St. Restr.
Color Veh. Yr. Make Model Name
Veh. Type (enter no.) Lic. Yr. License No. Lic. State
Veh. Use (enter no.) Speed Limit Fuel Tax No.
Direction of Travel No. Occupants Fire? ☐ Yes ☐ No No. Axles Transporting Hazardous Mat. ☐ Yes ☐ No
Towed To Towed By
Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)
Registered Owner's Name (Last, First, MI)
Address (Street, City, State, Zip)
License No. Make Year Lic. St. Lic. Yr.

DAMAGE
INITIAL IMPACT V1 V2
DAMAGE EST V1 V2
Areas Damaged (Multiples)
VEHICLE 1: 3 4 5 10 - Undercarriage
2 9 8 11 - Trailer
1 6 7 12 - None
VEHICLE 2: 3 4 5 10
2 9 8 11
1 6 7 12
OTHER PROPERTY (INCLUDE CARGO)
Name of Object OWNER'S NAME AND ADDRESS Damage Est (use chart)

PEDESTRIAN
Direction Street/Highway Arrested? ☐ Yes ☐ No Apparent Phys. Stat (enter no.)
What was pedestrian doing before crash? Enter No.
1 Not in roadway
2 Standing in roadway
3 Playing in roadway
4 Pushing or working on vehicle
5 Other working in roadway
6 Walking in roadway with traffic
7 Walking in roadway against traffic
8 Getting on or off vehicle
9 Getting on or off school bus
10 Crossing or entering not at intersection
11 Crossing or entering at intersection
12 Other
Pedestrian Traffic Control? ☐ Yes ☐ No

16 17 18 19 20 21 22 23 24 25 26 27 28 29
DRIVER OF VEHICLE 1 (as listed above)
DRIVER OF VEHICLE 2 (as listed above)
05 1 1 1 1 9 5 1 12 M 1
06 1 1 1 1 C 10 8 1 12 F 1
07 1 1 1 1 B 9 8 1 9 F 1

Diagram



Indicate NORTH
by an arrow

NARRATIVE (Refer to Vehicle by Number)

D1 Insured By

D2 Insured By

Other Participant(s) Name, Address (etc.)

Name of Witness No. 1

Address

Location at Time of Crash

Name of Witness No. 2

Address

Location at Time of Crash

Name of Person Arrested

I.C. Code(s)

Name of Person Arrested

I.C. Code(s)

INVESTIGATION

Time Notified

AM

PM

Time Arrived

AM

PM

Other Location of Investigation

Investigation Complete

☐ Yes

☐ No

Photos Taken

☐ Yes

☐ No

Assisting Officer

I.D. No.

Agency

Date of Report

Assisting Officer

I.D. No.

Agency

Driver Report
Form Furnished

D1
D2

Investigating Officer's Signature

I.D. No.

Age

1. Prim.
V1
V1
V2
V2
2. V1
V2
V2
V2
3. V1
V1
V1
V2
V2
V2
4. V1
V1
V2
V2
5. V1
V2
6.

State Form:
Mail to:

OFFICE USE ONLY
Crash I.D. No.

Date of Crash: YEAR 95 Day of Week: Township: City/Town or Nearest City/Town:
No. Motor Vehicles: 2 No. Injured: 10 No. Dead: 0 No. Trailers: 0
Inside Corporate Limits? Property? ☐ DNR Distance and Direction From Corporate Limits
☐ Yes ☒ No ☐ Private ☒ Other 80 Miles North Miles South Miles East 7.5 Miles West
Road Crash Occurred On: Intersecting Road/Mile Marker/Interchange:
If not at intersection, number of feet from: Direction: Nearest Intersecting Road/Mile Marker/Interchange:

Driver's Name (Last, First, MI):
Address (Street, City, State, Zip):
Apparent Phys. Stat (enter no.): Sex: Date of Birth MONTH DAY YEAR Arrested? ☒ Yes ☐ No
Driver's License No.: Lic. Type: Lic. St.: Restr.:
Color: Veh. Yr.: Make: Model Name:
Veh. Type (enter no.): Lic. Yr.: License No.: Lic. State:
Veh. Use (enter no.): Speed Limit: Fuel Tax No.:
Direction of Travel: No. Occupants: Fire? ☐ Yes ☐ No No. Axles: Transporting Hazardous Mat. ☐ Yes ☐ No
Towed To: Towed By:
Registered Owner's Name (Last, First, MI):
Address (Street, City, State, Zip):
Registered Owner's Name (Last, First, MI):
Address (Street, City, State, Zip):
License No.: Make: Year: Lic. St.: Lic. Yr.:

Driver's Name (Last, First, MI):
Address (Street, City, State, Zip):
Apparent Phys. Stat (enter no.): Sex: Date of Birth MONTH DAY YEAR Arrested? ☐ Yes ☐ No
Driver's License No.: Lic. Type: Lic. St.: Restr.:
Color: Veh. Yr.: Make: Model Name:
Veh. Type (enter no.): Lic. Yr.: License No.: Lic. State:
Veh. Use (enter no.): Speed Limit: Fuel Tax No.:
Direction of Travel: No. Occupants: Fire? ☐ Yes ☐ No No. Axles: Transporting Hazardous Mat. ☐ Yes ☐ No
Towed To: Towed By:
Registered Owner's Name (Last, First, MI):
Address (Street, City, State, Zip):
Registered Owner's Name (Last, First, MI):
Address (Street, City, State, Zip):
License No.: Make: Year: Lic. St.: Lic. Yr.:

INITIAL IMPACT: V1 V2
DAMAGE EST: V1 V2
Areas Damaged (Multiples):
VEHICLE 1: 3 4 5 2 9 6 1 8 7
VEHICLE 2: 3 4 5 2 9 6 1 8 7
10 - Undercarriage 11 - Trailer 12 - None
OTHER PROPERTY (INCLUDE CARGO):
Name of Object: OWNER'S NAME AND ADDRESS: Damage Est (use chart):

Direction: Street/Highway: Arrested? ☐ Yes ☐ No Apparent Phys. Stat (enter no.):
What was pedestrian doing before crash? Enter No.
1 Not in roadway
2 Standing in roadway
3 Playing in roadway
4 Pushing or working on vehicle
5 Other working in roadway
6 Walking in roadway with traffic
7 Walking in roadway against traffic
8 Getting on or off vehicle
9 Getting on or off school bus
10 Crossing or entering not at intersection
11 Crossing or entering at intersection
12 Other
Pedestrian Traffic Control? ☐ Yes ☐ No

16	17	18	18A	19	20	21	22	23	24	25	26	27	28	29
					DRIVER OF VEHICLE 1 (as listed above)									
					DRIVER OF VEHICLE 2 (as listed above)									
08	1	1	1	1		B	5	8	1	9	M	1		
09	1	1	1	1		B	5	5	1	9	F	1		
10	1	1	1	1		B	5	8	1	10	F	1		

Diagram



Indicate NORTH
by an arrow

NARRATIVE (Refer to Vehicle by Number)

D1 Insured By

D2 Insured By

Other Participant(s) Name, Address (etc.)

Name of Witness No. 1

Address

Location at Time of Crash

Name of Witness No. 2

Address

Location at Time of Crash

Name of Person Arrested

I.C. Code(s)

Name of Person Arrested

I.C. Code(s)

Time Notified

AM

PM

Time Arrived

AM

PM

Other Location of Investigation

Investigation Complete

☐ Yes

☐ No

Photos Taken

☐ Yes

☐ No

Assisting Officer

I.D. No.

Agency

Date of Report

Assisting Officer

I.D. No.

Agency

Driver Report
Form Furnished

D1

D2

Investigating Officer's Signature

I.D. No.

Age

INVESTIGATION

FIRE INCIDENT REPORTING SYSTEM

BEST AVAILABLE

PLEASE PRINT OR TYPE, IN YOUR OWN WORDS, BOTH A WRITTEN AND CODED RESPONSE (WHEN NECESSARY), LEAVING NO ITEM BLANK, BLACKING N/A CODE WHEN NEEDED.

Fire Department

INCIDENT REPORT

IF USED FOR FIRE SERVICE CHARGE REPORT, BE SURE TO FILL OUT LINE Y.

1 = DELETE REC.
2 = CHANGE

EXP. 00	YEAR 95	DAY OF WEEK 1 = Sunday 3 = Tuesday 5 = Friday 2 = Monday 4 = Wednesday 6 = Saturday	ARRIVAL TIME	TIME -- "In Service" (Ave.)
TYPE OF SITUATION FOUND 11 = Structure fire 12 = Outside of structure fire 13 = Vehicle fire 14 = Trash, brush, grass fire 15 = Trash, rubbish fire 0 = Other		TYPE OF ACTION TAKEN 1 = Extinguishment 2 = Rescue 3 = Investigation only 4 = Remove hazard 5 = Standby 6 = Salvage 7 = Ambulance service 8 = Fill ft. move up, transfer 9 = Not classified above 0 = Undetermined or not reported		MUTUAL AID 1 = Yes 2 = Green FID 3 = N/A
FIXED PROPERTY USE (Occupancy) Vehicle Fire on Public Roadway 191612		IGNITION FACTOR (Cause) Collision		1717
CORRECT ADDRESS (Up to maximum of 21 characters)			ZIP CODE	CENSUS TRACT
OCCUPANT NAME (Last, First, M.I.)		TELEPHONE	ROOM or APT.	
OWNER NAME (Last, First, M.I.)		TELEPHONE		
METHOD OF ALARM 1 = Telephone direct 2 = Municipal alarm system 3 = Private alarm system 4 = Radio 5 = Verbal 6 = No alarm rec'd 7 = Tie-Line (911) 8 = Voice signal municipal alarm signal 9 = Not classified above 0 = Undetermined or not reported		DISTRICT	SHIFT	ALARMS
FIRE PERSONNEL RESPONDED		ENGINES RESPONDED	AERIAL APPARATUS RESPONDED	OTHER VEHICLES RESPONDED

GRASS, TRASH FIRES
SHORT FORMCOMPLETE ON
ALL INCIDENTSCOMPLETE
IF CASUALTYCOMPLETE
FOR ALL FIRESCOMPLETE IF
STRUCTURE FIREALL
INCIDENTS

INCIDENT - RELATED INJURIES	COMPLETE NFIRS 3 FIRE SVC.	COMPLETE NFIRS 2 OTHERS	INCIDENT - RELATED FATALITIES	COMPLETE NFIRS 3 FIRE SVC.	COMPLETE NFIRS 2 OTHERS
-----------------------------	----------------------------	-------------------------	-------------------------------	----------------------------	-------------------------

COMPLEX NO Complex	98 = N/A	MOBILE PROPERTY TYPE School Bus	98 = N/A
AREA OF FIRE ORIGIN ENGINE COMPARTMENT	1813	EQUIPMENT INVOLVED IN IGNITION (IF ANY) ENGINE COMPARTMENT OF OTHER VEH.	98 = N/A
FORM OF HEAT OF IGNITION (Heat Source) Heat From ENGINE 1119	TYPE OF MATERIAL IGNITED (Composition) GASOLINE	FORM OF MATERIAL IGNITED (Used) GASOLINE	1816
METHOD OF EXTINGUISHMENT 1 = Self-extinguished 2 = Make-shift side 3 = Portable extinguisher 4 = Automatic ext. system 5 = Pre-connected hose/tank only 6 = Pre-connected hose/hydrant draft standpipe 7 = Hand-tied hose/hydrant draft standpipe 8 = Master 9 = Not classified above 0 = Undetermined or not reported	LEVEL OF FIRE ORIGIN 1 = Grade level to 1 ft. 2 = 10 to 19 feet 3 = 20 to 29 feet 4 = 30 to 49 feet 5 = 50 to 70 feet 6 = Over 70 feet 7 = Objects in flight 8 = Below ground level 9 = Not classified above 0 = Undetermined	ESTIMATED TOTAL DOLLAR LOSS 11115100190	

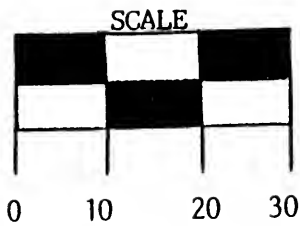
NUMBER OF STORIES 1 = 1 story 2 = 2 stories 3 = 3 to 4 stories 4 = 5 to 8 stories 5 = 7 to 12 stories 6 = 13 to 24 stories 7 = 25 to 49 stories 8 = 50 stories or more 9 = Undetermined or not reported	CONSTRUCTION TYPE 1 = Fire resistant 2 = Heavy timber 3 = Protected non-combustible 4 = Unprotected non-combustible 5 = Protected ordinary 6 = Unprotected ordinary 7 = Protected wood frame 8 = Unprotected wood frame 9 = Not classified above 0 = Undetermined or not reported
EXTENT OF DAMAGE Confined to the object of origin 1 = 1 2 = 2 Confined to part of room or area of origin 1 = 1 2 = 2 Confined to room of origin 1 = 1 2 = 2 Flame Smoke 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 0 = 0 1 = 1 2 = 2 3 = 3 4 = 4 5 = 5 6 = 6 7 = 7 8 = 8 9 = 9 0 = 0	DETECTOR PERFORMANCE 1 = Det. in room or space of fire origin - oper. 2 = Det. not in room or space of fire origin - oper. 3 = Det. in room or space of origin - no oper. 4 = Det. not in room or space of origin - no oper. 5 = Det. in room or space of fire origin, but fire too small to oper. 6 = Not classified above 7 = Undetermined or not reported 8 = No detectors present (N/A)
TYPE OF MATERIAL GENERATING MOST SMOKE 98 = N/A	AVENUE OF SMOKE TRAVEL 1 = Air handling duct 2 = Corridor 3 = Elevator shaft 4 = Stairwell 5 = Opening in construction 6 = Utility opening in wall 7 = Utility opening in floor 8 = Not classified above 9 = Undetermined or not reported 0 = No avenue of smoke travel (N/A)
FORM OF MATERIAL GENERATING MOST SMOKE 98 = N/A	

IF MOBILE PROPERTY School Bus	YEAR 93	MAKE Chew	MODEL School Bus	SERIAL NO. N/A	LICENSE NO. (if any) BUS
IF EQUIP. INV. IN IGN. Moving VAN	YEAR 85	MAKE Chew	MODEL VAN	SERIAL NO. DALL	

POSITION	DA
SIGNATURE	75
	Designate Owner or Representative

RETURN TO STATE FIRE MARSHAL ON A MONTHLY BASIS

Check box if remarks are made on reverse side

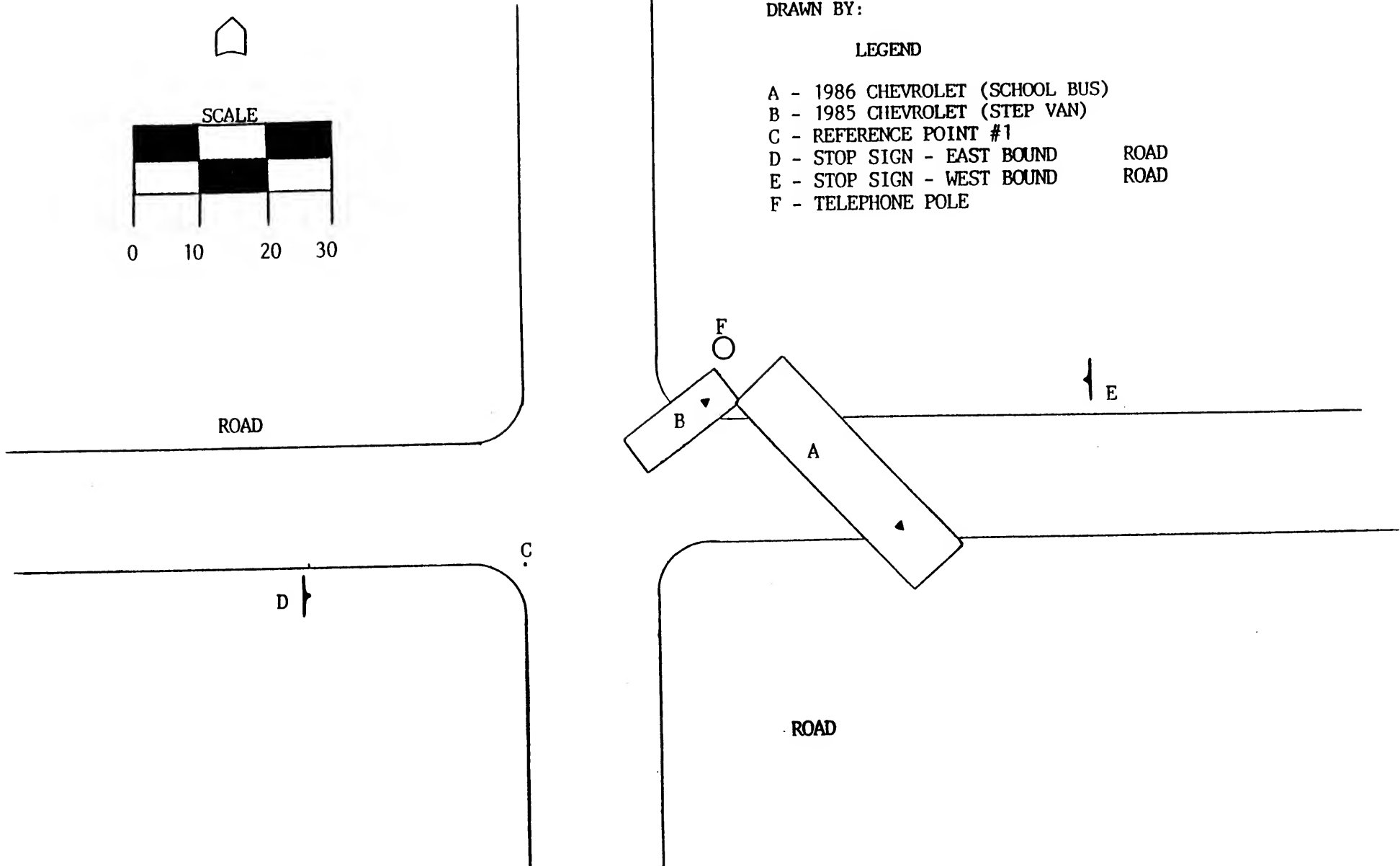


AFTER ACCIDENT DIAGRAM
1995
INTERSECTION.

DRAWN BY:

LEGEND

- A - 1986 CHEVROLET (SCHOOL BUS)
- B - 1985 CHEVROLET (STEP VAN)
- C - REFERENCE POINT #1
- D - STOP SIGN - EAST BOUND ROAD
- E - STOP SIGN - WEST BOUND ROAD
- F - TELEPHONE POLE



SUPPLEMENT

95

15.5 mi. NW of

ROAD @

ROAD

Veh#1:

Veh#2:

On 95 this unit was advised by that there had been a personal injury accident involving a school bus in

Upon arrival at and in the northwestern part of this unit observed a 1986 Chevrolet (Bluebird body) school bus (# belonging to Box

The bus was still on fire with Volunteer Firemen trying to put the fire out. A white van single-axle truck was nosed into the left rear of the school bus. The van had also been on fire, but was just smoking at the time. After the fire was extinguished and the bus had cooled off, I made an inspection of the vehicle.

The mileage on the school bus was 138,307. The driver, a D.O.B. CDL ; stated "the brakes were working fine and the only trouble I was having was learning where the stops were for my route." This was her first day on this route with a different bus than she usually drove.

The front disc brake pads were both approximately $\frac{1}{2}$ " thick while the rear pads were approximately $\frac{9}{16}$ " on outside and $\frac{7}{8}$ " on the inside.

Both front and rear rotors were non descript having no warpage or grooves.

The front tires were both in good shape with $\frac{10}{32}$ " tread depth on the left and $\frac{9}{32}$ " tread depth on the right. All four (4) rear tires had at least $\frac{8}{32}$ " tread depth on them with the left 2 rear tires flat due to heat from the fire. The bus also had a new exhaust system from the front of the muffler to the rear of the bus which appeared to be free from leaks. Both front axle king pins had been replaced prior to the annual school bus inspection program which was held on 95 and was passed. A new drag link was installed about the same time as the king pins.

All mirrors and lights were in the proper location and, according to the driver, were working properly.

The evacuation of the bus after the collision was quick and orderly by the driver and students of which 42 were on the bus. The driver, herded the kids to the east along away from the bus

Page 2 - 95 -
Veh#1:

Rd. @ Rd.
Veh#2:

and van. She then went back and used the fire extinguisher trying to put the fire out but it had spread too much for a 2½ lb. extinguisher to do any good.

I might add that the fire had started in the engine compartment of the van and had spread underneath the bus flooring into the interior of the bus from the left rear corner.

The driver, _____ was taken to _____ and
drug tested within 32 hours after the accident as per '
Both vehicles were taken by wrecker to
exit _____

CONCLUSION: This accident was not contributed to or caused by any mechanical failure of the bus system. The school bus was struck approximately 6" forward of the center line of the right rear wheel causing it to rotate its rear end northward.

Appendix B:

RECONSTRUCTION PROGRAM RESULTS

CRASHPC (BARRIER OPTION—VEHICLE #2)

Three estimates were made of vehicle #2's Delta V using the CRASHPC program, barrier option. The crush profile came from the vehicle inspection. Three vastly different weight estimates were used because the available documentation only indicates the curb weight of vehicle #2's chassis/cab. According to the Vehicle Identification Number, vehicle #2's Gross Vehicle Weight Rating is 9,001-10,000 pounds; therefore, the cargo weight was adjusted to create a total vehicle weight of 8,000, 9,000, or 10,000 pounds plus the occupant's weight, respectively. Despite the vastly different weights used, the effect on the resultant Delta V's is minimal.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="text-align: center;"><u>10</u> Primary Sampling Unit</div><div style="text-align: center;"><u>9516</u> Case No.-Stratum</div><div style="text-align: center;"><u>01</u> Accident Event Sequence No.</div><div style="text-align: center;">_____ Date (Month, day, year) of Run</div></div>			
CRASHPC Vehicle Identification Vehicle 1 _____ Vehicle 2 _____ <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div>Year</div><div>Make</div><div>Model</div><div>NASS Veh. No.</div></div>			
GENERAL INFORMATION			
VEHICLE 1		VEHICLE 2	
Size	<u>11</u>	Size	<u>7</u>
Weight		Weight	
Curb + Occupant(s) + Cargo = _____ kg		Curb + Occupant(s) + Cargo = _____ kg	
<u>1935</u> + <u>66</u> + <u>2147</u> = <u>4148</u>		<u>1935</u> + <u>66</u> + <u>2147</u> = <u>4148</u>	
CDC	_____	CDC	<u>12 F D E W 3</u>
PDOF (-180 to +180)	+ _____ °	PDOF (-180 to +180)	<u>0010</u> °
Stiffness	_____	Stiffness	<u>7</u>
SCENE INFORMATION			
Rest and Impact Positions <input checked="" type="checkbox"/> No, Go To Damage Information <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Rest Position	X _____ m Y _____ m PSI _____ °	Rest Position	X _____ m Y _____ m PSI _____ °
Impact Position	X _____ m Y _____ m PSI _____ °	Impact Position	X _____ m Y _____ m PSI _____ °
Slip Angle (-180 to +180)	_____ °	Slip Angle (-180 to +180)	_____ °
VEHICLE MOTION			
Sustained Contact <input type="checkbox"/> No <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X _____ m Y _____ m PSI _____ °	End of Rotation Position	X _____ m Y _____ m PSI _____ °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X _____ m Y _____ m	Point on Path	X _____ m Y _____ m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data ☐ No ☐ Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Terrain Boundary ☐ No ☐ Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L _____ cm

Crush Depths C₁ _____ cmC₂ _____ cmC₃ _____ cmC₄ _____ cmC₅ _____ cmC₆ _____ cm

Damage Offset D ± _____ cm

VEHICLE 2

Damage Length L 185 cmCrush Depths C₁ 017 cmC₂ 019 cmC₃ 019 cmC₄ 019 cmC₅ 029 cmC₆ 022 cmDamage Offset D ± 000 cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigation, TRC/IU Case 95-16, Task 9525

	SPEED CHANGE (DAMAGE)
VEHICLE #1	
TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)
VEHICLE #2	
TOTAL	21 KPH (13 MPH)
LONGITUDINAL	-21 KPH (-13 MPH)
LATITUDINAL	4 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	3695 KGS (8146 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	0 DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)

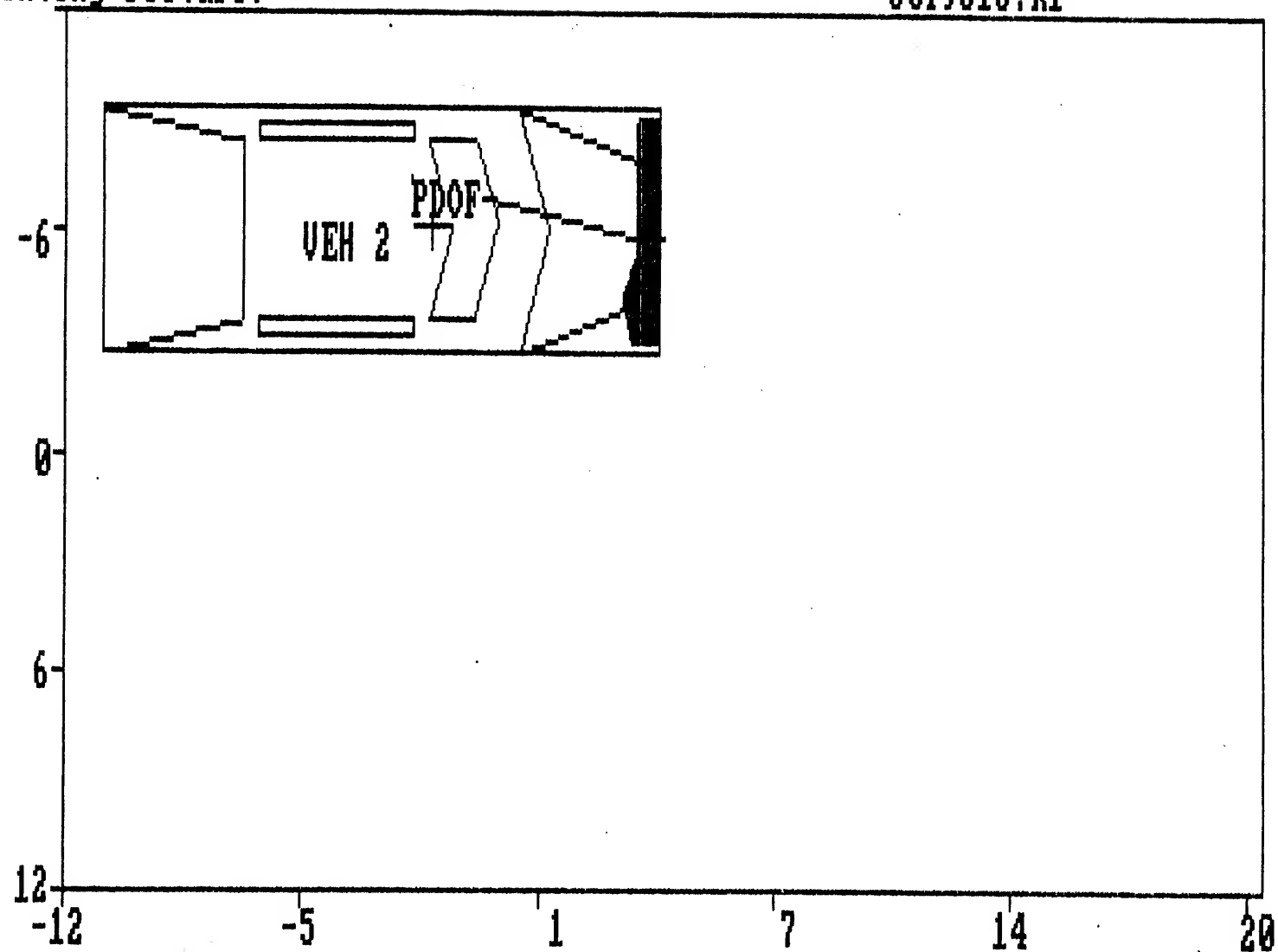
(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	35672 KGS (78642 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	10 KGS (21 LBS)

Printing Picture:

SCI9516.R1



DAMAGE DESCRIPTION



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary
Sampling Unit

9516
Case No.-Stratum

01
Accident Event
Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1

Vehicle 2

Year

Make

Model

NASS
Veh. No.

GENERAL INFORMATION

VEHICLE 1

Size

11

Weight

____ + ____ + ____ = ____ kg
Curb Occupant(s) Cargo

CDC

PDOF (-180 to +180) ____ °

Stiffness

VEHICLE 2

Size

7

Weight

1935 + 66 + 1694 = 3695 kg
Curb Occupant(s) Cargo

CDC

PDOF (-180 to +180) ____ °

Stiffness

12 F D E W 3
0010
7

SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

VEHICLE 1

Rest Position X ____ m
Y ____ m
PSI ____ °

Impact Position X ____ m
Y ____ m
PSI ____ °

Slip Angle(-180 to +180) ____ °

VEHICLE 2

Rest Position X ____ m
Y ____ m
PSI ____ °

Impact Position X ____ m
Y ____ m
PSI ____ °

Slip Angle (-180 to +180) ____ °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1

Vehicle Rotation ☐ No ☐ Yes

Rotation Stop Before Rest ☐ No ☐ Yes

End of Rotation Position X ____ m
Y ____ m
PSI ____ °

Curved Path ☐ No ☐ Yes

Point on Path X ____ m Y ____ m

Rotation Direction ☐ None ☐ CW ☐ CCW

Rotation >360° ☐ No ☐ Yes

VEHICLE 2

Vehicle Rotation ☐ No ☐ Yes

Rotation Stop Before Rest ☐ No ☐ Yes

End of Rotation Position X ____ m
Y ____ m
PSI ____ °

Curved Path ☐ No ☐ Yes

Point on Path X ____ m Y ____ m

Rotation Direction ☐ None ☐ CW ☐ CCW

Rotation >360° ☐ No ☐ Yes

FRICTION INFORMATION

Coefficient of Friction _____

Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____

LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data ☐ No ☐ Yes*If No, Go To Damage Information*

Vehicle 1 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °

LR _____ ° RR _____ °

Terrain Boundary ☐ No ☐ Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L _____ cm

Crush Depths C₁ _____ cmC₂ _____ cmC₃ _____ cmC₄ _____ cmC₅ _____ cmC₆ _____ cmDamage Offset D \pm _____ cm

VEHICLE 2

Damage Length L 185 cmCrush Depths C₁ 017 cmC₂ 019 cmC₃ 019 cmC₄ 019 cmC₅ 029 cmC₆ 022 cmDamage Offset D \pm 000 cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigations, TRC/IU 95-16, Task 9525

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

VEHICLE #2

TOTAL	20 KPH (13 MPH)
LONGITUDINAL	-20 KPH (-12 MPH)
LATITUDINAL	4 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	4148 KGS (9145 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	0 DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)

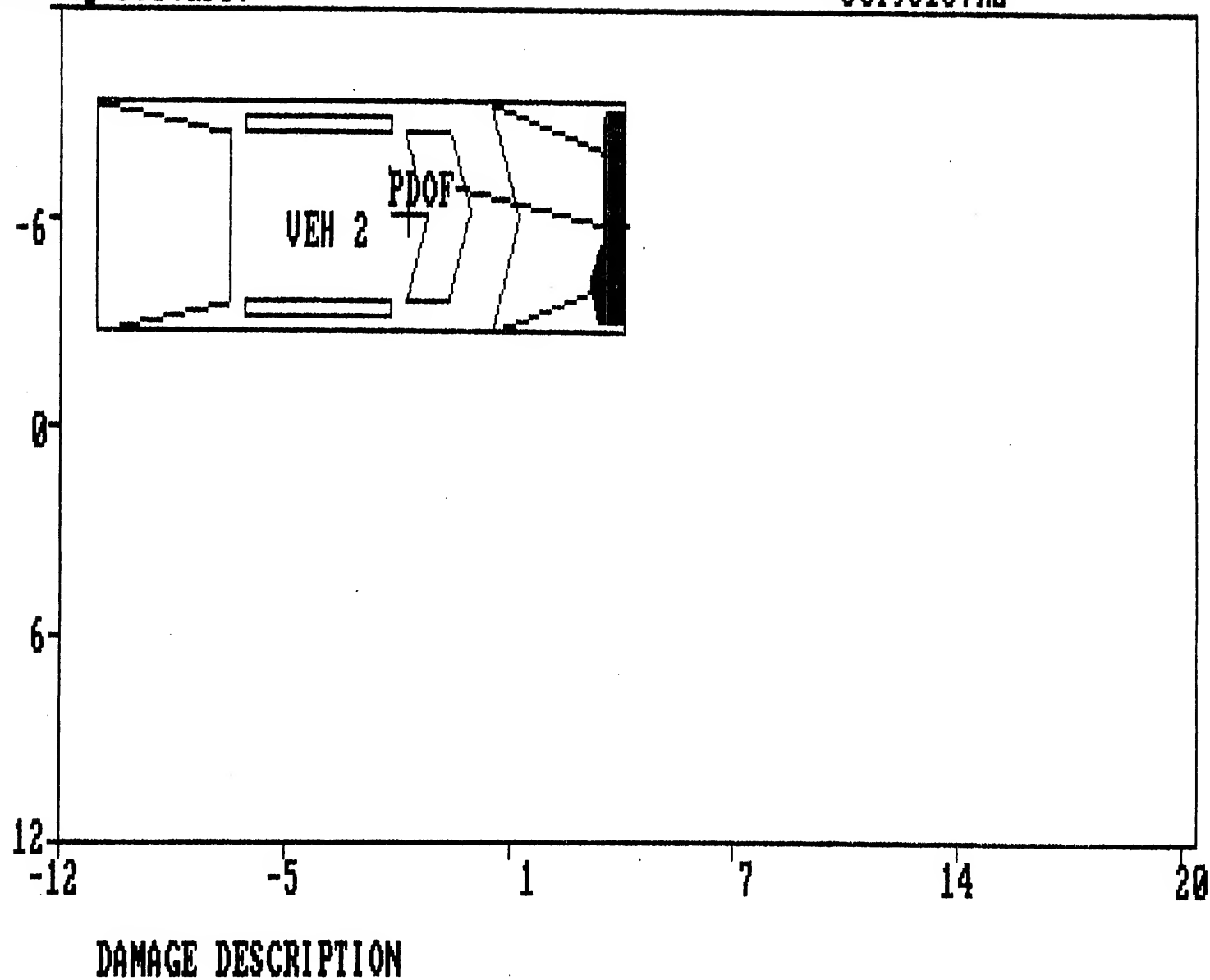
(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	40046 KGS (88284 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	11 KGS (24 LBS)

Printing Picture:

SCI9516.R2





U.S. Department of Transportation
National Highway Traffic Safety
Administration

CRASHPC PROGRAM SUMMARY

(All Measurements in Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Identifying Title

10
Primary
Sampling Unit

9516
Case No.-Stratum

01
Accident Event
Sequence No.

Date (Month, day, year) of Run

CRASHPC Vehicle Identification

Vehicle 1 _____
Vehicle 2 _____
Year Make Model NASS
Veh. No.

GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>11</u>	Size	<u>7</u>
Weight		Weight	
<u> </u> + <u> </u> + <u> </u> = <u> </u> kg		<u>1935</u> + <u>66</u> + <u>2601</u> = <u>4602</u> kg	
Curb Occupant(s) Cargo		Curb Occupant(s) Cargo	
CDC		CDC	<u>12 F D E W 3</u>
PDOF (-180 to +180)	<u> </u> °	PDOF (-180 to +180)	<u>0010</u> °
Stiffness		Stiffness	<u>7</u>

SCENE INFORMATION

Rest and Impact Positions ☒ No, Go To Damage Information ☐ Yes

VEHICLE 1		VEHICLE 2	
Rest Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °	Rest Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °
Impact Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °	Impact Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °
Slip Angle (-180 to +180)	<u> </u> °	Slip Angle (-180 to +180)	<u> </u> °

VEHICLE MOTION

Sustained Contact ☐ No ☐ Yes

VEHICLE 1		VEHICLE 2	
Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle Rotation	<input type="checkbox"/> No <input type="checkbox"/> Yes
Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation Stop Before Rest	<input type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °	End of Rotation Position	X <u> </u> m Y <u> </u> m PSI <u> </u> °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X <u> </u> m Y <u> </u> m	Point on Path	X <u> </u> m Y <u> </u> m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation > 360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

FRICTION INFORMATION

Coefficient of Friction _____
 Rolling Resistance Option _____

Vehicle 1 Rolling Resistance

LF _____ RF _____
 LR _____ RR _____

Vehicle 2 Rolling Resistance

LF _____ RF _____
 LR _____ RR _____

TRAJECTORY INFORMATION

Trajectory Data ☐ No ☐ Yes

If No, Go To Damage Information

Vehicle 1 Steer Angles

LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Vehicle 2 Steer Angles

LF _____ ° RF _____ °
 LR _____ ° RR _____ °

Terrain Boundary ☐ No ☐ Yes

First Point

X _____ m Y _____ m

Second Point

X _____ m Y _____ m

Secondary Coefficient of Friction _____

DAMAGE INFORMATION

VEHICLE 1

Damage Length L _____ cm

Crush Depths
 C₁ _____ cm
 C₂ _____ cm
 C₃ _____ cm
 C₄ _____ cm
 C₅ _____ cm
 C₆ _____ cm

Damage Offset D ± _____ cm

VEHICLE 2

Damage Length L 185 cm

Crush Depths
 C₁ 017 cm
 C₂ 019 cm
 C₃ 019 cm
 C₄ 019 cm
 C₅ 029 cm
 C₆ 022 cm

Damage Offset D ± 000 cm

IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE *NOT IN TRANSPORT*, FILL IN THE INFORMATION BELOW.

Model Year: _____

Make: _____

Model: _____

VIN: _____

The Weight, CDC, Scene Data and Damage Information for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

SUMMARY OF CRASHPC RESULTS USING DAMAGE

Special Crash Investigations, TRC/IU Case 95-16, Task 9525

SPEED CHANGE (DAMAGE)

VEHICLE #1

TOTAL	0 KPH (0 MPH)
LONGITUDINAL	0 KPH (0 MPH)
LATITUDINAL	0 KPH (0 MPH)
PDOF ANGLE	0 DEGREES
ENERGY DISSIPATED =	0 JOULES (0 FT-LB)

VEHICLE #2

TOTAL	19 KPH (12 MPH)
LONGITUDINAL	-19 KPH (-12 MPH)
LATITUDINAL	3 KPH (2 MPH)
PDOF ANGLE	-10 DEGREES
ENERGY DISSIPATED =	69793 JOULES (51469 FT-LB)

DAMAGE DATA

	VEHICLE #1	VEHICLE #2
SIZE CATEGORY	11	7
STIFFNESS CATEGORY	0	7
VEHICLE WEIGHT	***** KGS (2204586 LBS) *	4602 KGS (10146 LBS)
CDC	BARRIER	12FDEW3
PDOF ANGLE	0 DEGREES *	-10 DEGREES
CRUSH LENGTH	0 CM. (0 IN.) *	185 CM. (73 IN.)
C1	0 CM. (0 IN.) *	17 CM. (7 IN.)
C2	0 CM. (0 IN.) *	19 CM. (7 IN.)
C3	0 CM. (0 IN.) *	19 CM. (7 IN.)
C4	0 CM. (0 IN.) *	19 CM. (7 IN.)
C5	0 CM. (0 IN.) *	29 CM. (11 IN.)
C6	0 CM. (0 IN.) *	22 CM. (9 IN.)
D	0 CM. (0 IN.) *	0 CM. (0 IN.)
D'	0 CM. (0 IN.) *	7 CM. (3 IN.)

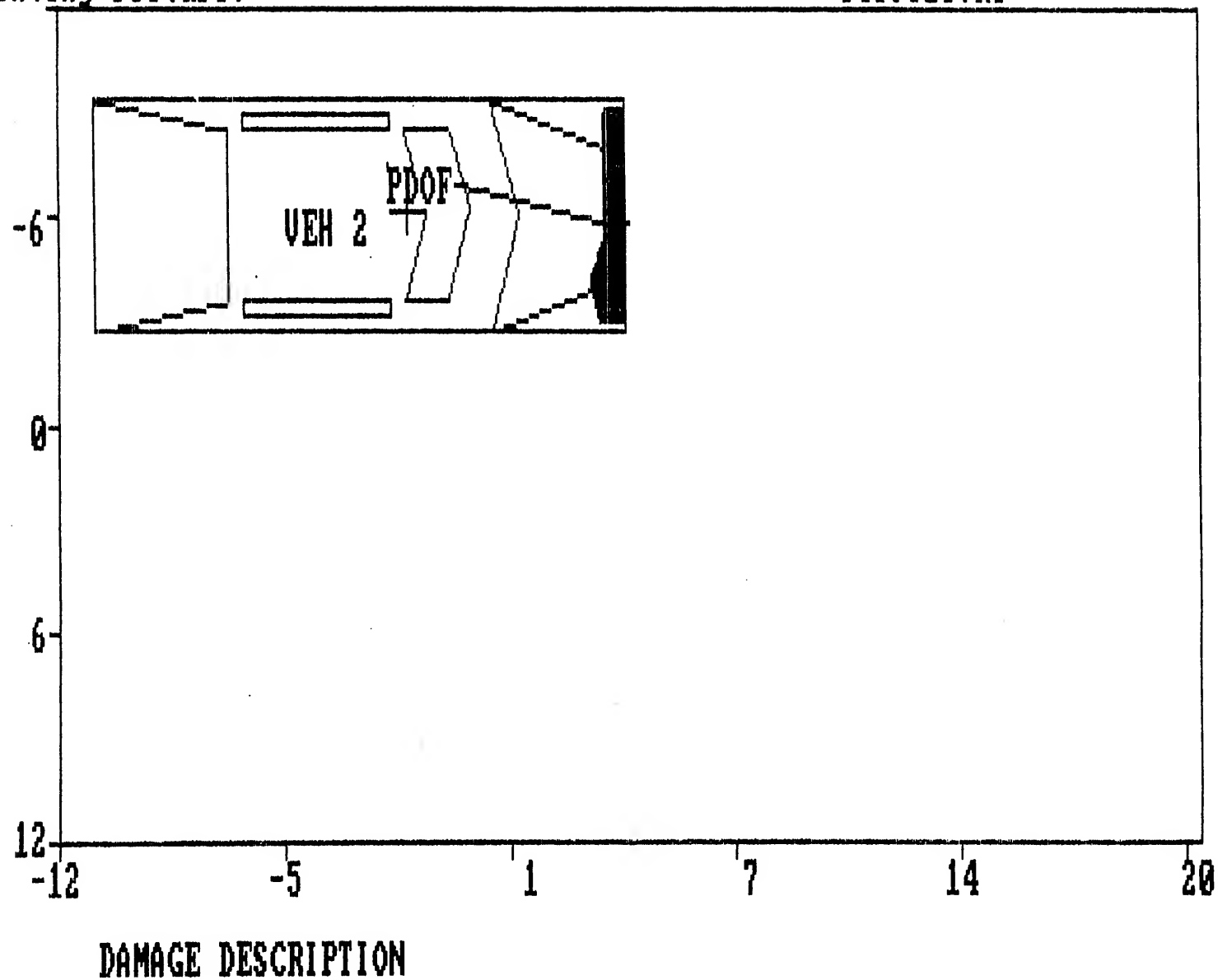
(* INDICATES DEFAULT VALUE)

DIMENSIONS AND INERTIAL PROPERTIES

	VEHICLE #1	VEHICLE #2
CG TO FRONT AXLE	127 CM. (50 IN.)	123 CM. (49 IN.)
CG TO REAR AXLE	127 CM. (50 IN.)	174 CM. (69 IN.)
TRACK	127 CM. (50 IN.)	172 CM. (68 IN.)
CG TO FRONT OF VEH	127 CM. (50 IN.)	192 CM. (76 IN.)
CG TO REAR OF VEH	-127 CM. (-50 IN.)	-272 CM. (-107 IN.)
CG TO SIDE OF VEH	127 CM. (50 IN.)	100 CM. (40 IN.)
MOMENT OF INERTIA	***** KGS (***** LBS)	44429 KGS (97947 LBS)
VEHICLE MASS	2600 KGS (5732 LBS)	12 KGS (26 LBS)

Printing Picture:

SCI9516.R3



Appendix C:

NASS CDS ACCIDENT FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9516

IDENTIFICATION

3. Number of General Vehicle
Forms Submitted 02

4. Date of Accident
(Month, Day, Year) 9 5

5. Time of Accident

Code reported military time of accident.

NOTE: Midnight = 2400
Unknown = 9999

SPECIAL STUDIES - INDICATORS

Check (✓) each special study (SS15-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.

6. SS15 Administrative Use 0

7. SS16 Pedestrian Crash Data Study 0
(Data for this special study available
in a separate file.)

8. ☒ SS17 Impact Fires 1

9. SS18 Unsafe Driver Actions 0

10. SS19 0

NUMBER OF EVENTS

11. Number of Recorded Events
in This Accident 03

Code the number of events which occurred
in this accident.

ACCIDENT EVENTS

For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object in the right columns.

Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0 1</u>	13. <u>01</u>	14. <u>50</u>	15. <u>R</u>	16. <u>02</u>	17. <u>28</u>	18. <u>F</u>
19. <u>0 2</u>	20. <u>02</u>	21. <u>28</u>	22. <u>N</u>	23. <u>33</u>	24. <u>00</u>	25. <u>N</u>
26. <u>0 3</u>	27. <u>01</u>	28. <u>50</u>	29. <u>R</u>	30. <u>02</u>	31. <u>28</u>	32. <u>L</u>
33. <u>0 4</u>	34. <u>01</u>	35. <u>50</u>	36. <u>L</u>	37. <u>52</u>	38. <u>00</u>	39. <u>0</u>
40. <u>0 5</u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- | | |
|--|---|
| <ul style="list-style-type: none"> (00) Not a motor vehicle (01) Subcompact/mini (wheelbase < 254 cm) (02) Compact (wheelbase ≥ 254 but < 265 cm) (03) Intermediate (wheelbase ≥ 265 but < 278 cm) (04) Full size (wheelbase ≥ 278 but < 291 cm) (05) Largest (wheelbase ≥ 291 cm) (09) Unknown passenger car size (14) Compact utility vehicle (15) Large utility vehicle (≤ 4,500 kgs GVWR) (16) Utility station wagon (≤ 4,500 kgs GVWR) (19) Unknown utility type (20) Minivan (≤ 4,500 kgs GVWR) (21) Large van (≤ 4,500 kgs GVWR) (24) Van Based school bus (≤ 4,500 kgs GVWR) (28) Other van type (≤ 4,500 kgs GVWR) (29) Unknown van type (≤ 4,500 kgs GVWR) (30) Compact pickup truck (≤ 4,500 kgs GVWR) | <ul style="list-style-type: none"> (31) Large pickup truck (≤ 4,500 kgs GVWR) (38) Other pickup truck (≤ 4,500 kgs GVWR) (39) Unknown pickup truck type (≤ 4,500 kgs GVWR) (45) Other light truck (≤ 4,500 kgs GVWR) (48) Unknown light truck type (≤ 4,500 kgs GVWR) (49) Unknown light vehicle type (50) School bus (excludes van based) (> 4,500 kgs GVWR) (58) Other bus (> 4,500 kgs GVWR) (59) Unknown bus type (60) Truck (> 4,500 kgs GVWR) (67) Tractor without trailer (68) Tractor-trailer(s) (78) Unknown medium/heavy truck type (79) Unknown light/medium/heavy truck type (80) Motored cycle (90) Other vehicle (99) Unknown |
|--|---|

CODES FOR GENERAL AREA OF DAMAGE (GAD)

- | | | | |
|--|--|---|---|
| CDS APPLICABLE
AND OTHER
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front | <ul style="list-style-type: none"> (R) Right side (L) Left side (B) Back | <ul style="list-style-type: none"> (T) Top (U) Undercarriage (9) Unknown |
| TDC
APPLICABLE
VEHICLES | <ul style="list-style-type: none"> (O) Not a motor vehicle (N) Noncollision (F) Front (R) Right side | <ul style="list-style-type: none"> (L) Left side (B) Back of unit with cargo area
(rear of trailer or straight truck) (D) Back (rear of tractor) | <ul style="list-style-type: none"> (C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown |

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

- | | |
|---|--|
| <p>(01-30) – Vehicle Number</p> <p>Noncollision</p> <ul style="list-style-type: none"> (31) Overturn — rollover (excludes end-over-end) (32) Rollover — end-over-end (33) Fire or explosion (34) Jackknife (35) Other intraunit damage (specify): _____ (36) Noncollision injury (38) Other noncollision (specify): _____ (39) Noncollision — details unknown <p>Collision With Fixed Object</p> <ul style="list-style-type: none"> (41) Tree (≤ 10 cm in diameter) (42) Tree (> 10 cm in diameter) (43) Shrubbery or bush (44) Embankment (45) Breakaway pole or post (any diameter) <p>Nonbreakaway Pole or Post</p> <ul style="list-style-type: none"> (50) Pole or post (≤ 10 cm in diameter) (51) Pole or post (> 10 cm but ≤ 30 cm in diameter) (52) Pole or post (> 30 cm in diameter) (53) Pole or post (diameter unknown) (54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (includes guardrail)
(specify): _____ | <ul style="list-style-type: none"> (57) Fence (58) Wall (59) Building (60) Ditch or culvert (61) Ground (62) Fire hydrant (63) Curb (64) Bridge (68) Other fixed object (specify): _____ (69) Unknown fixed object <p>Collision with Nonfixed Object</p> <ul style="list-style-type: none"> (70) Passenger car, light truck, van, or other vehicle not in-transport (71) Medium/heavy truck or bus not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance (75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (79) Object fell from vehicle in-transport (88) Other nonfixed object (specify): _____ (89) Unknown nonfixed object (98) Other event (specify): _____ (99) Unknown event or object |
|---|--|

Appendix D:

NASS CDS VEHICLE FORMS: CASE VEHICLE



GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10

2. Case Number - Stratum 9516

3. Vehicle Number 01

VEHICLE IDENTIFICATION

4. Vehicle Model Year 86
Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify): 20
Chevrolet
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify): 981
3rd by Bluebird
6000 Series Bus chassis +
Applicable codes are found in your cow
NASS Data Collection, Coding and
Editing Manual.
(999) Unknown

7. Body Type 50
Note: Applicable codes may be found on
the back of this page.

8. Vehicle Identification Number

1GBJ6P1B7GV
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros Unknown—Code all nines

9. Vehicle Special Use (This Trip) 2
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify):
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown

___ mph X 1.6093 = ___ kmph

12. Speed Limit 072
(000) No statutory limit
Code posted or statutory speed limit
in kmph
(999) Unknown

45 mph X 1.6093 = 72 kmph

13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown

14. Alcohol Test Result For Driver 00
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source: _____

15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown

16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given

17. Driver's Zip Code
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown

18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify):
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____

- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fullsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2

- (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1

- (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1

- (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2

- (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____

(9) Unknown

28. Traffic Control Device 2

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

(6) Warning sign (not RR crossing)

(7) Unknown sign

(8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 2

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA30. Driver's Distraction/Inattention To Driving 02
(Prior To Recognition Of Critical Event)

- (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone
 (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location
 and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/object in vehicle
 (specify): _____
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event
 (specify): _____
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to
Recognition of Critical Event) 04

- (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous
 critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 17*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off)
 (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew
 up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.)
 (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady
 speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor
 vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
 lane line
 (61) From adjacent lane (same direction)—over right
 lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same
 direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite
 direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details
 unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway
 (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching
 roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown
 location (specify): _____

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 10

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

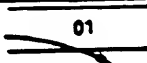
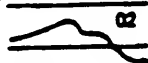

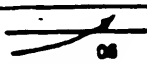
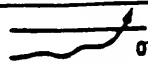

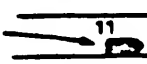


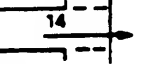
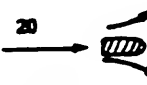

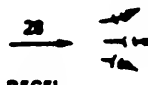
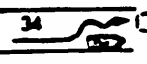
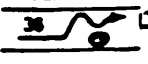

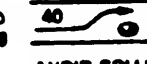
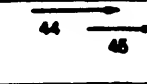

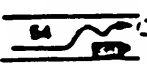





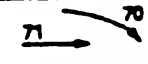

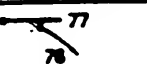
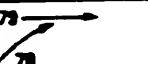
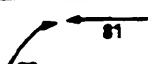




36. Accident Type 87

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 24 SLOWER 26, 28, 27	 28 DECEL. 29, 30, 31	30 SPECIFICS OTHER 31 SPECIFICS UNKNOWN	(EACH - 32) (EACH - 33)
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	(EACH - 42) (EACH - 43) SPECIFICS OTHER SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 45 46 47				(EACH - 48) SPECIFICS OTHER (EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE				(EACH - 52) SPECIFICS OTHER (EACH - 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	(EACH - 62) (EACH - 63) SPECIFICS OTHER SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE				(EACH - 66) SPECIFICS OTHER (EACH - 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 71 INITIAL SAME DIRECTIONS	 73 72		(EACH - 74) (EACH - 75) SPECIFICS OTHER SPECIFICS UNKNOWN
	K Turn Into Path	 77 78 TURN INTO SAME DIRECTION	 79 TURN INTO OPPOSITE DIRECTIONS	 81 82		(EACH - 84) (EACH - 85) SPECIFICS OTHER SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 88	 89 90			(EACH - 90) SPECIFICS OTHER (EACH - 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT			98 Other Accident Type 99 Unknown Accident Type 00 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
(0) Driver not present
(1) Driver present
(9) Unknown
38. Number of Occupants This Vehicle 27
(00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown
39. Number of Occupant Forms Submitted 10

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
(0) No (includes unknown)
(1) Yes - researcher determined
(2) VIN determined air bag system
(3) VIN determined automatic (passive) belts
(4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
(0) Not equipped or not available
(1) No air bags deployed
Single Air Bag Vehicle
(2) Driver air bag deployed
(3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
(4) Driver side only deployed
(5) Passenger side only deployed
(6) Driver and passenger side deployed
(7) Driver and passenger side unknown if deployed
(8) Air bag(s) deployed, details unknown
(9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
(0) Not equipped with an "other" air bag
(1) Deployed during accident (as a result of impact)
(2) Deployed inadvertently just prior to accident
(3) Deployed, details unknown
(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
(5) Unknown if deployed
(7) Nondeployed
(9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 7,999 0
Code weight to nearest 10 kilograms.
(045) Less than 450 kilograms
(610) 6,100 kilograms or more
(999) Unknown
6,342 lbs X .4536 = 2,877 kgs
Source: _____

44. Vehicle Cargo Weight 9,990
Code weight to nearest 10 kilograms.
(000) Less than 5 kilograms
(450) 4,500 kilograms or more
(999) Unknown
lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
(00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
(01-16) Code the number of quarter turns
(17) Rollover, 17 or more quarter turns (specify): _____
(98) Rollover--end-over-end (i.e., primarily about the lateral axis)
(99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
(00) No rollover
(01) Trip-over
(02) Flip-over
(03) Turn-over
(04) Climb-over
(05) Fall-over
(06) Bounce-over
(07) Collision with another vehicle
(08) Other rollover initiation type specify): _____
(98) Rollover--end-over-end
(99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
(0) No rollover
(1) On roadway
(2) On shoulder--paved
(3) On shoulder--unpaved
(4) On roadside or divided trafficway median
(8) Rollover--end-over-end
(9) Unknown
48. Rollover Initiation Object Contacted 00
(Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
(0) No rollover
(1) Wheels/tires
(2) Side plane
(3) End plane
(4) Undercarriage
(5) Other location on vehicle (specify): _____
(6) Non-contact rollover forces (specify): _____
(8) Rollover--end-over-end
(9) Unknown
50. Direction of Initial Roll 0
(0) No rollover
(1) Roll right - primarily about the longitudinal axis
(2) Roll left - primarily about the longitudinal axis
(8) Rollover--end-over-end
(9) Unknown roll direction

VERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 0
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
- (2) 2nd CDC
- (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
- (5) 2nd CDC
- (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override (of any configuration)
- (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value

- (997) Noncollision
- (998) Impact with object
- (999) Unknown

53. Heading Angle For This Vehicle 0 9 0
54. Heading Angle For Other Vehicle 0 0 0

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
- (1) Yes—towed trailing unit
- (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
- (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted < 45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify): _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 0 4

(00) No vehicle inspection

Delta V Calculated

- (01) Reconstruction program
-damage only routine
- (02) Reconstruction program
-damage and trajectory routine
- (03) Missing vehicle algorithm

Delta V Not Calculated

- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
- (06) Other non-horizontal forces
- (07) Sideswipe type damage
- (08) Severe override
- (09) Yielding object
- (10) Overlapping damage
- (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of
Delta V

Highest

+ 999
- 999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- 999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph
 and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

999.9 00

_____ Nearest 100 joules (highest)

_____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program
Results (For Highest Delta V)

(0) No reconstruction

(1) Collision fits model — results appear
reasonable

(2) Collision fits model — results appear high

(3) Collision fits model — results appear low

(4) Borderline reconstruction — results appear
reasonable0

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

_____ Nearest kmph (highest)

_____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES ☒ NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>2</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>2</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): <u>NO contour gauge set up</u></p> <p>(3) Complete inspection <u>Not CDS vehicle</u></p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.

EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number <u>10</u> 2. Case Number - Stratum <u>9516</u>	3. Vehicle Number <u>01</u>
---	-----------------------------

VEHICLE IDENTIFICATION

VIN 1GBJ6P1B7GV Model Year 85
 Vehicle Make (specify): Chevrolet Vehicle Model (specify): 6000 Bus
Body by Bluebird

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
01	24 cm forward of RR Axle - back		
04	3 cm forward LBC		

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 254. inches x 2.54 = 645 cm
 Overall Length 404. inches x 2.54 = 1,026 cm
 Maximum Width 90.125 inches x 2.54 = 229 cm
 Curb Weight 5,72 6,342 pounds x 0.4536 = 2,877 kg
 Average Track inches x 2.54 = cm
 Front Overhang 31.25 inches x 2.54 = 79 cm
 Rear Overhang inches x 2.54 = cm
 Undeformed End Width inches x 2.54 = cm
 Engine Size: cyl/displ. cc x 0.001 = 6.0 L
6.0 l V8 CID x 0.0164 = L

Chassis-Cowl weight

SPECIAL CRASH INVESTIGATION ADDENDUM

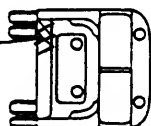
Submodel Designation: {specify}		Color: {specify} <u>Yellow</u>	Repair Cost: \$
Transmission: {circle} Automatic <u>Manual</u>		Speed: 3-speed <u>4-speed</u> 5-speed Other:	
Steering: {circle} <u>Power-assisted</u> Manual		Type: rack-and-pinion worm-and-gear Other	
{please describe}:		<u>Hydraulic</u>	
Brakes: {circle} <u>Power-assisted</u> Manual		Type: 4-wheel disc 4-wheel drum <u>4-wheel hydraulic</u> <u>front disc, rear drum</u> Other:	
Observed Defects: {specify}			
Fleet Type: {circle} Private vehicle Rental vehicle Leased vehicle Commercial vehicle Other			
{please describe}:			



DAMAGE DESCRIPTION	TYPE OF TRANSMISSION	WHEEL STEER ANGLES
Tire—Wheel Damage Rotation physically restricted RF <u>2</u> For rear wheels LF <u>2</u> circle axle(s) RR <u>2</u> 2 3 LR <u>2</u>	<input checked="" type="checkbox"/> Manual <input type="checkbox"/> Automatic Front Track: <u>190</u> Cab Width: <u> </u> Curb Weight: <u>> 6,342</u> Overall Length: <u>1,026</u> Wheel Base: <u>645</u> Engine Size: cyl. <u>V8</u> displ. <u>6.0 L</u>	(For locked front wheels or displaced rear axles only) RF ± <u> </u> ° For rear wheels LF ± <u> </u> ° circle axle(s) RR ± <u> </u> ° 2 3 LR ± <u> </u> ° Within ± 5 degrees

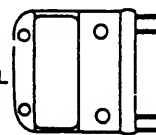
(1) Yes, (2) No, (8) NA, (9) Unk.

Front Bumper
Damaged in
YARD



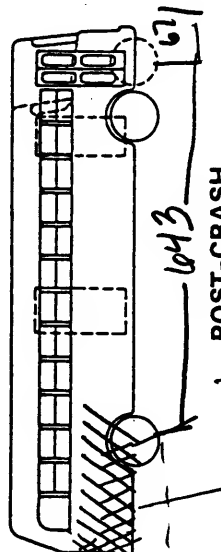
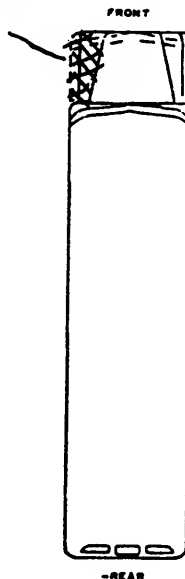
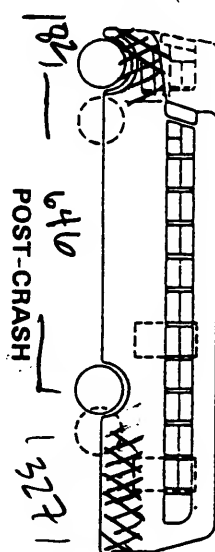
FRONT
CONVENTIONAL

FRONT
FORWARD CONTROL



Fiberglass
TORN/Broken Away
from Hood AREA - Pole impact?

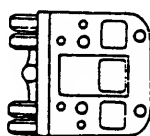
All
windows
Burnt
out



whole
Bus
Totally
consumed
by FIRE

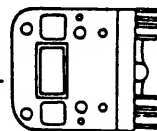
DIRECT TO
TIRE & RIM
EVENT #1

15' from off
2' contact



REAR
CONVENTIONAL

REAR
FORWARD CONTROL



322 AD
322 AD
322 AD

Note: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.) If pulling trailer sketch type of trailer and damage received on the back of this page. Annotate any damage caused by extrication such as component removal by torcing, prying or hydraulic shears. Annotate any tires which are deflated due to damage on the vehicle sketch. If the vehicle contacted a pedestrian, complete page 6R

Vehicle identification Number and Registration Data

1	1	1	1	1	1	1	1	1	1	
9	9	9	9	8	9	9	9	8	9	GENERAL MOTORS (CHEVROLET - GMC)
9	8	9	8	8	9	8	8	8	9	
1	2	3	4	5	6	7	8	9	0	VEHICLE IDENTIFICATION NUMBER (Cont'd.)

(2) SECOND SECTION — VEHICLE ATTRIBUTES
(B) Model Code - Line, Series, Body (Cont'd.)

	-	-	-	-	-	*	*	-	-	R34	=	Mugen C008 - Lins, Series, Body (Cont'd.) - 4x2 "C008" "Fenderside" "Fleetside"
	-	-	-	-	-	-	-	*	*	*R34	=	"Stepside" Conv. Pickup - Also Bonus Cab - 4x2 Conv. Chs & Cab - also Bonus Cab
-	*	*	*	*	-	*	*	*	*	*S14	=	TS10603/TS10603 "S10", "S15" 4x2 Chs & Cab
-	*	*	*	*	*	*	*	*	*	S14	=	TS10603/TS10603 "S10 Fleetside", "S15 Wideside" 4x2 Compact Pickup
-	-	-	*	*	*	*	*	*	*	S16	=	TS10516 "S10", "S15" 4x2 "Blazer", "Jimmy" Compact Utility
-	-	-	*	*	-	-	-	-	-	T14	=	TT10603/TT10603 "S10", "S15" 4x4 Chs & Cab
-	-	-	*	*	*	*	*	*	*	T14	=	TT10603/TT10603 "S10", "S15" 4x4 Wideside Compact Pickup
-	-	-	*	*	*	*	*	*	*	T18	=	TT10518 "S10", "S15" 4x4 "Blazer", "Jimmy" Compact Utility
-	-	-	-	-	-	-	-	-	*	U06	=	1UM06 Lumina APV
-	-	-	-	-	-	*	-	-	-	V14	=	4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
-	-	-	-	-	-	*	*	*	*	V16	=	4x4 "Suburban" Conventional Wagon
-	-	-	-	-	-	*	*	*	*	V18	=	4x4 "Jimmy" "Blazer" Conventional Utility
-	-	-	-	-	-	*	-	-	-	V24	=	4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup
-	-	-	-	-	-	*	*	*	*	V26	=	4x4 "Suburban" Conventional Wagon
-	-	-	-	-	-	*	*	*	*	V33	=	4x4 Conv. Crew Cab & Chs.
-	-	-	-	-	-	*	*	*	*	V34	=	4x4 "Wideside" "Fenderside" "Fleetside" "Stepside" Conv. Pickup - Also Bonus Cab
-	-	-	-	-	-	*	*	*	*	V34	=	4x4 Conv. Chs & Cab - Also Bonus Cab
*	*	*	*	*	*	*	-	-	-	WB0	=	1GW80 4x2 "Caballero" "El Camino" Sedan Pickup

Medium & Heavy Duty Trucks
(The 1st digit of this position is a number for all Medium and Heavy Duty Trucks)

										Code	Model	Series	Description
-	-	-	-	-	-	*	*	*	*	4B1	W4S042	4500	4x2 67.3" BBC Steel TR Chs & Cab
*	*	*	*	-	-	-	-	-	-	4T1	P4T042	4500	4x2 Forward Control Chassis
*	*	*	*	*	*	*	*	*	*	501	S00402	5000	4x2 67 1/2" BBC Conv Chs & Cab
-	-	-	-	-	-	*	*	*	*	6A1	W6R042	6000	4x2 72.5" BBC Steel TR Chs & Cab
*	*	*	*	*	*	*	*	*	*	9D1	C8D042	6000	4x2 97 1/2" BBC Conv Chs & Cab
-	-	-	-	-	-	-	-	-	-	6D3	C8D062	6000	6x2 97 1/2" BBC Conv Chs & Cab
*	*	*	*	*	*	*	*	*	*	6P1	B4P042	6000	4x2 Bus Chassis & Cab
*	*	*	*	*	*	*	*	*	*	6T1	P4T042	6000	4x2 Forward Control Chassis
-	-	-	-	*	*	*	*	*	*	7A1	W7R042	7000	4x2 75" BBC Steel TR Chs & Cab
*	*	*	*	*	*	*	*	*	*	7D1	C7D042	7000	4x2 67 1/2" BBC Conv Chs & Cab
-	-	-	-	-	-	*	*	*	*	7D4	C7D064	7000	6x4 67 1/2" BBC Conv Chs & Cab
*	*	*	*	*	*	*	*	*	*	7S1	S7T042	7000	4x2 Bus Chassis
*	*	*	*	*	*	*	*	*	*	8C1	J8C042	8000	4x2 92 1/2" BBC Conv Chs & Cab
*	*	*	*	*	*	*	*	*	*	8C4	J8C064	8000	6x4 92 1/2" BBC Conv Chs & Cab
*	*	*	*	*	*	*	*	*	*	9C1	J8C042	9500	4x2 92 1/2" BBC Conv Chs & Cab
*	*	*	*	*	*	*	*	*	*	9C4	J8C064	9500	6x4 92 1/2" BBC Conv Chs & Cab
*	*	*	*	*	*	*	-	-	-	9K1	D9K042	9500	4x2 55" BBC Alum HI TR Chs & Cab
*	*	*	*	*	*	*	-	-	-	9K4	D9K064	9500	6x4 55" BBC Alum HI TR Chs & Cab
*	*	*	*	*	*	*	-	-	-	9L1	D9L042	9500	4x2 67" BBC Alum HI TR Chs & Cab
*	*	*	*	*	*	*	-	-	-	9L4	D9L064	9500	6x4 67" BBC Alum HI TR Chs & Cab
*	*	*	*	*	*	*	-	-	-	9E1	N9E042	9500	4x2 108" BBC Alum Conv Chs & Cab
*	*	*	*	*	*	*	-	-	-	9E4	N9E064	9500	6x4 108" BBC Alum Conv Chs & Cab

1981-1990

CHEVROLET SERIES B6P042

REAR AXLE: GMC H-150, single reduction, hypoid, rated capacity 15,000 lbs., ratio 7.17, avail. with hydraulic brakes only. Optional: Standard axle with 6.14, or 6.83 ratios; H-175, single speed, 17,500 lb. capacity, 6.14, 6.83, or 7.17 ratios; Eaton 17121, single speed, 19,000 lb. capacity, 6.57, or 7.17 ratios; Eaton 22121, single speed, 20,000 lb. capacity, 6.50 or 7.17 ratios, requires air brakes; T-150, 2-speed, 15,000 lb. capacity, ratios 6.29/8.74, requires hyd. brakes; T-175, 2-speed, 17,500 lb. capacity, 6.57/9.13 ratio; Eaton 17221, 2-speed, 19,000 lb. capacity, 6.57/8.94 ratio, requires 6.0L eng. w/NP542L or CL455 trans.; Eaton 22221, 2-speed, 20,000 lb. capacity, 6.50/8.86 ratio, requires air brakes.

SERVICE BRAKES: Dual Hydraulic power, split system, 12.9" dia. single diaphragm vacuum booster and single hydraulic booster, 1,000 cu. in. vacuum reserve tank; 14-3/4 x 1-5/16 disc front, 77.6 sq. in. area; 15 x 5 drum rear, 303.0 sq. in. lining area. Optional w/hyd. brakes - w/9,000 lb. front axle - 15-3/8 x 1-1/2 hyd. disc front, w/17,500 lb. rear axle, 15-5/8 x 1-1/2 hyd. disc rear brakes; w/19,000 lb. or above rear axles - 15-3/8 x 1-1/2 hyd. disc rear brakes. Optional Dual air system: includes - dash dash mounted application valve, one 2551 cu. in. two-compartment wet/dry and one 1535 cu. in. dry air tanks, rear dust shields; requires 7.25, 12, or 13 cu. ft. air compressor (Air brakes require 218" wb. minimum & N/A w/15,000 lb. rear axle); 15 x 4 cam front, 245.6 sq. in. lining area; 16.5 x 6 S-cam rear, 418.4 sq. in. lining area. Optional w/air brakes: 16.5 x 7 rear, 440 sq. in. area; quick release limiting valve; air dryer; alcohol evaporator; wheel lock control; moisture ejector.

PARKING BRAKE: 11 x 2 internal expanding on trans., cam lever, 41.8 sq. in. lining area. Optional: w/air brakes - air actuated, spring load.

CLUTCH: w/5.7L & 6.0L engines - Borg & Beck 13" dia. single plate, cerametalix facing, 36 sq. in. frictional area.

COOLING SYSTEM: w/5.7L eng., 21 qt. tube and center radiator, 9-lb. pressure cap, 20" dia. 5-blade fan (34 qt. w/6.0L eng.).

DRIVE LINE: Spicer 1410 series prop shaft and universal joints.

ELECTRICAL SYSTEM: 12-volt, 540 CCA battery; 108 amp. alternator.

FRAME: SAE #1023 hi-tensile steel channel. w/149" & 189" wbs., 9-1/8 x 3-1/4 side rails, 9.38 section modulus. Optional: SAE #950 steel channel, available with 218"-274" wbs. only, 9-1/4 x 3-1/16 x 5/16 side rails, 11.80 section modulus.

FUEL TANK: 30 gallon capacity steel rectangular tank mounted on RH frame rail, includes protective shielding structure. Optional: 60 gallon RH rectangular tank.

CHEVROLET SERIES B6P042

STEERING: Saginaw 710D integral hydraulic power steering, ratio 24:1, 19" dia. wheel.

SUSPENSION: Front - Semi-elliptic steel leaf springs, variable rate. Front - 53.75 x 3, 7-leaf, capacity at pad/ground 2,900/3,500 lbs. each. Rear - 54 x 3, 9-leaf, capacity at pad/ground 6,975/7,500 lbs. each. Optional: Front - 7-leaf, 2,650/4,000 lbs. each; 7-leaf, 4,050/4,500 lbs. each. Rear - w/17,500 or 19,000 lb. rear axles, 9-leaf, 8,220/9,250 lbs. each; w/all axles, 10-leaf, 8,967/10,400 lbs. each; w/20,000 lb. axle, 11-leaf, 10,461/11,500 lbs. each.

TRANSMISSION: SM-465, 4-speed manual, synchronesh, ratios 6.55, 3.58, 1.70, 1.00 reverse 6.09, PTO openings both sides. Optional: New Process 542L; Clark CL455; Allison AT-545.

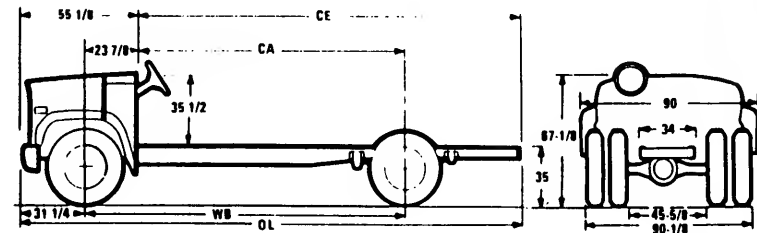
HEELS AND TIRES: 8.25-20E, front and dual rear tube type tires on 20 x 6.5" rims, 10 stud FN disc wheels. Optional tube type tire sizes available on cast spoke or disc wheels.

STANDARD EQUIPMENT: 189" wb. School Bus Chassis; Bus application; dry paper element air cleaner; emission control systems; velocity governor; 1-qt. throwaway full flow oil filter; front shock absorbers; front bumper; fuel filter; single horizontal stainless steel exhaust.

OPTIONAL EQUIPMENT: Increased capacity electrical and cooling systems; Viscous drive fan; Vernier hand locking throttle; RH side shift control; No-spin rear differential; 1/4" steel channel type bumper; 12 ton hyd. jack; Sheet metal deletion with control island, deletes cowl-hood-fenders & replaces them with a driver control island; spare wheel carrier; front tow hooks; rear shock absorbers; Calif. emission control system; Commercial Cowl Conversion, propshaft & fuel tank guards are deleted (Not intended for School Bus or Transit Bus use).

CHEVROLET

CHEVROLET SERIES B6P042
GVWR Range: 17,280-29,000 Lbs. Pupil Capacity 36-72



CHEVROLET

ENGINE: Standard: 5.7L 350-4 V8, 163 NHP @ 3800 RPM.
 Optional: 6.0L 366-4 V8, 210 NHP @ 3800 RPM.
 Calif. Engines: 5.7L 350-4 V8, 161 NHP @ 3800 RPM.
 6.0L 366-4 V8, 184 NHP @ 3800 RPM.

MODELS AVAILABLE: School Bus Chassis-Cowl.

CHASSIS-COWL WEIGHTS & DIMENSIONS: (Std. equip., water & oil, less fuel)

	WB	CA	CE	OL	Front	Rear	Total	Pupil Cap.
	189	165	268	322.88	3,349	2,523	5,872	48
	218	194	295	349.88	3,470	2,663	6,133	54
	235	211	323	377.88	3,519	2,745	6,264	60
	254	230	349	404	3,563	2,779	6,342	66
	274	250	368	423	3,640	2,796	6,436	72
	125	101	141	196	Avail. w/Commercial Cowl Conv. only			
	137	113	161	216	Avail. w/Commercial Cowl Conv. only			
	149*	125	228	282.88	3,209	2,579	5,788	36
*149" wbs. requires hydraulic brakes and 30 gallon fuel tank, 15,000 lb. rear axle, 7,500 lb. front axle, Max. GVWR is 21,000 lbs.								

GENERAL SPECIFICATIONS

FRONT AXLE: I-beam, wide track, rated capacity 7,000 lbs. (Avail. w/149" and 189" wbs. only). Optional: Std. axle with 7,500 lb. capacity, N/A w/149"-189" wbs. w/hyd. brakes, or N/A w/std. rear axle w/air brakes; 9,000 lb. cap., req. 4,000 lb. springs, & 218"-274" wbs., or N/A w/std. rear axle w/air brakes.

CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (59) Building
(60) Ditch or culvert
(61) Ground
(62) Fire hydrant
(63) Curb
(64) Bridge

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

Collision with Nonfixed Object

- (70) Passenger car, light truck, van, or other vehicle not in-transport
(71) Medium/heavy truck or bus not in-transport
(72) Pedestrian
(73) Cyclist or cycle
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) Animal

- (77) Train
(78) Trailer, disconnected in transport
(79) Object fell from vehicle in-transport
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

[illegible]

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. _____	5. _____	6. _____	7. _____	8. _____	9. _____	10. _____	11. _____

Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. _____ L	21. _____ C ₁	_____ C ₂	_____ C ₃	_____ C ₄	_____ C ₅	_____ C ₆	22. _____ ± D
							+ - _____

Second Highest Delta "V"

23. _____ L	24. _____ C ₁	_____ C ₂	_____ C ₃	_____ C ₄	_____ C ₅	_____ C ₆	25. _____ ± D
							+ - _____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

998

27. Direct Damage Width
(For highest severity impact)
346 Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

346

28. Original Wheelbase
_____ Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
_____ inches X 2.54 = 645 centimeters

645

29. Original Average Track Width
_____ Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

999

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

0

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

32. Is This A Multi-Stage Manufactured Vehicle
And/Or A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(enerciful)

1

(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

2

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify):

1

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

5

36. Location of Fuel Tank-2 Filler Cap

0

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify):
(9) Unknown

37. Type of Fuel Tank-1

1

38. Type of Fuel Tank-2

0

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

6

40. Location of Fuel Tank-2

0

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify):
(9) Unknown

41. Damage to Fuel Tank-1

1

42. Damage to Fuel Tank-2

0

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify):
(9) Unknown

43. Leakage Location of Fuel System-1

1

44. Leakage Location of Fuel System-2

0

- (0) No fuel tank
(1) No fuel leakage

Primary Area Of Leakage

- (2) Tank
(3) Filler neck
(4) Cap
(5) Lines/pump/filter
(6) Vent/emission recovery
(8) Other (specify): _____
(9) Unknown

45. Fuel Type-1

01

46. Fuel Type-2

00*Single Fuel Type*

- (00) No fuel tank
(01) Gasoline
(02) Diesel
(03) CNG (Compressed Natural Gas)
(04) LPG (Liquid Petroleum Gas) also known as Propane
(05) LNG (Liquid Natural Gas)
(06) Methanol (M100 or M85)
(07) Ethanol (E100 or E85)
(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

- (10) Lead Acid Battery
(11) Nickel-Iron Battery
(12) Nickel-Cadmium Battery
(13) Sodium Metal Chloride Battery
(14) Sodium Sulfur Battery
(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks

- (1) Yes -- no damage to any tank or filler cap and no fuel system leakage
(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____
(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):
Type of tank _____
Tank location _____
Filler cap location _____
Tank damage _____
Location of leakage _____
Type of fuel _____
(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

Appendix E:

NASS CDS VEHICLE FORMS: VEHICLE #2



GENERAL VEHICLE FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 02

VEHICLE IDENTIFICATION

4. Vehicle Model Year 85
Code the last two digits of the model year
(99) Unknown
5. Vehicle Make (specify): Chevrolet 20
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
6. Vehicle Model (specify): 470
Applicable codes are found in your
NASS Data Collection, Coding and
Editing Manual.
(99) Unknown
7. Body Type 28
Note: Applicable codes may be found on
the back of this page.
8. Vehicle Identification Number 2GBHG31M2F4
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17
Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros Unknown—Code all nines
9. Vehicle Special Use (This Trip) 0
(0) No special use
(1) Taxi
(2) Vehicle used as school bus
(3) Vehicle used as other bus
(4) Military
(5) Police
(6) Ambulance
(7) Fire truck or car
(8) Other (specify): _____
(9) Unknown

OFFICIAL RECORDS

10. Police Reported Vehicle Disposition 1
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown
11. Police Reported Travel Speed 999
Code to the nearest kmph (NOTE: 000 means
less than 0.5 kmph)
(160) 159.5 kmph and above
(999) Unknown
____ mph X 1.6093 = ____ kmph

12. Speed Limit 072
(000) No statutory limit
Code posted or statutory speed limit
in kmph
(999) Unknown
45 mph X 1.6093 = 72 kmph
13. Police Reported Alcohol Presence For Driver 0
(0) No alcohol present
(1) Yes alcohol present
(7) Not reported
(8) No driver present
(9) Unknown
14. Alcohol Test Result For Driver 96
Code actual value (decimal implied
before first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown
Source: _____
15. Police Reported Other Drug Presence For Driver 0
(0) No other drug(s) present
(1) Yes other drug(s) present
(7) Not reported
(8) No driver present
(9) Unknown
16. Other Drug Specimen Test Result For Driver 0
(0) No specimen test given
(1) Drug(s) not found in specimen
(2) Drug(s) found in specimen, (specify):
(3) Specimen test given, results unknown or not
obtained
(8) No driver present
(9) Unknown if specimen test given
17. Driver's Zip Code _____
(00001) Driver not a resident of U.S. or territories
Code actual 5-digit zip code
(99998) No driver present
(99999) Unknown
18. Driver's Race/Ethnic Origin 1
(1) White (non-Hispanic)
(2) Black (non-Hispanic)
(3) White (Hispanic)
(4) Black (Hispanic)
(5) American Indian, Eskimo or Aleut
(6) Asian or Pacific Islander
(7) Other (specify): _____
(8) No driver present
(9) Unknown

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (07) Hatchback, number of doors unknown
- (08) Other automobile type (specify): _____
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, Brat, and Rabbit pickup)
- (11) Auto based panel (cargo station wagon, auto based ambulance/hearse)
- (12) Large limousine - more than four side doors or stretched chassis
- (13) Three-wheel automobile or automobile derivative

Utility Vehicles ($\leq 4,500$ kgs GVWR)

- (14) Compact utility (Jeep CJ-2 - CJ-7, Scrambler, Golden Eagle, Renegade, Laredo, Wrangler, Cherokee [84 and after], Dispatcher, Raider, Bronco II, Bronco [76 and before], Explorer, S-10 Blazer, Geo Tracker, Bravada, S-15 Jimmy, Thing, Pathfinder, Trooper, Trooper II, Rodeo, Amigo, Navajo, 4-Runner, Montero, Passport, Samurai, Sidekick, Rocky)
- (15) Large utility (includes Jeep Cherokee [83 and before], Ramcharger, Trailduster, Bronco-fulsize [78 and after], fullsize Blazer, fullsize Jimmy, Hummer, Landcruiser, Rover, Scout, Yukon)
- (16) Utility station wagon (Chevy Suburban, GMC Suburban, Travelall, Grand Wagoneer, includes suburban limousine)
- (19) Utility, unknown body type

Van Based Light Trucks ($\leq 4,500$ kgs GVWR)

- (20) Minivan (Town and Country, Caravan, Grand Caravan, Voyager, Grand Voyager, Mini-Ram, Vista, Aerostar, Windstar, Villager, Lumina APV, Trans Sport, Silhouette, Astro, Safari, Toyota Van, Toyota Minivan, Previa, Nissan Minivan, Quest, Mitsubishi Minivan, Expo Wagon, Vanagon/Camper.)
- (21) Large van (B150-B350, Sportsman, Royal, Maxiwagon, Ram, Tradesman, Voyager [83 and before], E150-E350, Econoline, Clubwagon, Chateau, G10-G30, Chevy Van, Beauville, Sport Van, G15-G35, Rally Van, Vandura.)
- (22) Step van or walk-in van ($\leq 4,500$ kgs GVWR)
- (23) Van based motorhome ($\leq 4,500$ kgs GVWR)
- (24) Van based school bus ($\leq 4,500$ kgs GVWR)
- (25) Van based other bus ($\leq 4,500$ kgs GVWR)
- (28) Other van type (Hi-Cube Van, Kary) (specify): Hi Cube
- (29) Unknown van type

Light Conventional Trucks (Pickup style cab, $\leq 4,500$ kgs GVWR)

- (30) Compact pickup (D50, Colt P/U, Ram 50, Dakota, Arrow Pickup [foreign], Ranger, Courier, S-10, T-10, LUV, S-15, T-15, Sonoma, Datsun/Nissan Pickup, P'up, Mazda Pickup, Toyota Pickup, Mitsubishi Pickup)
- (31) Large Pickup (Jeep Pickup, Comanche, Ram Pickup, D100-D350, W100-W350, F100-F350, C10-C35, K10-K35, R10-R35, V10-V35, Silverado, Sierra, R100-R500, T100)

- (32) Pickup with slide-in camper
- (33) Convertible pickup
- (39) Unknown pickup style light conventional truck type

Other Light Trucks ($\leq 4,500$ kgs GVWR)

- (40) Cab chassis based (includes rescue vehicles, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (45) Other light conventional truck type
- (48) Unknown light truck type
- (49) Unknown light vehicle type (automobile, utility, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____
- (59) Unknown bus type

Medium/Heavy Trucks ($> 4,500$ kgs GVWR)

- (60) Step van ($> 4,500$ kgs GVWR)
- (61) Single unit straight truck ($4,500$ kgs $<$ GVWR $\leq 8,850$ kgs)
- (62) Single unit straight truck ($8,850$ kgs $<$ GVWR $\leq 12,000$ kgs)
- (63) Single unit straight truck ($> 12,000$ kgs GVWR)
- (64) Single unit straight truck, GVWR unknown
- (65) Medium/heavy truck based motorhome
- (67) Truck-tractor with no cargo trailer
- (68) Truck-tractor pulling one trailer
- (69) Truck-tractor pulling two or more trailers
- (70) Truck-tractor (unknown if pulling trailer)
- (78) Unknown medium/heavy truck type
- (79) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (80) Motorcycle
- (81) Moped (motorized bicycle)
- (82) Three-wheel motorcycle or moped
- (88) Other motored cycle (minibike, motorscooter) (specify): _____
- (89) Unknown motored cycle type

Other Vehicles

- (90) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (91) Snowmobile
- (92) Farm equipment other than trucks
- (93) Construction equipment other than trucks
- (97) Other vehicle type
- (99) Unknown body type

PRECRASH ENVIRONMENTAL DATA

19. Relation To Interchange Or Junction 2
 (0) Non-interchange area and non-junction
 (1) Interchange area related

Non-Interchange junctions

- (2) Intersection related
 (3) Driveway, alley access related
 (4) Other junction (specify) _____

(5) Unknown type of junction

(9) Unknown

20. Trafficway Flow 0
 (0) Not physically divided (two way traffic)
 (1) Divided trafficway-median strip without positive barrier
 (2) Divided trafficway-median strip with positive barrier
 (3) One way traffic
 (9) Unknown

21. Number Of Travel Lanes 2
 (1) One
 (2) Two
 (3) Three
 (4) Four
 (5) Five
 (6) Six
 (7) Seven or more
 (9) Unknown

22. Roadway Alignment 1
 (1) Straight
 (2) Curve right
 (3) Curve left
 (9) Unknown

23. Roadway Profile 1
 (1) Level
 (2) Uphill grade (> 2%)
 (3) Hill crest
 (4) Downhill grade (> 2%)
 (5) Sag
 (9) Unknown

24. Roadway Surface Type 2
 (1) Concrete
 (2) Bituminous (asphalt)
 (3) Brick or block
 (4) Slag, gravel, or stone
 (5) Dirt
 (8) Other (specify): _____
 (9) Unknown

25. Roadway Surface Condition 1

- (1) Dry
 (2) Wet
 (3) Snow or slush
 (4) Ice
 (5) Sand, dirt, or oil
 (8) Other (specify): _____
 (9) Unknown

26. Light Conditions 1

- (1) Daylight
 (2) Dark
 (3) Dark, but lighted
 (4) Dawn
 (5) Dusk
 (9) Unknown

27. Atmospheric Conditions 0

- (0) No adverse atmospheric-related driving conditions
 (1) Rain
 (2) Sleet/hail
 (3) Snow
 (4) Fog
 (5) Rain and fog
 (6) Sleet and fog
 (7) Other (e.g., smog, smoke, blowing sand or dust, etc.) (specify): _____
 (9) Unknown

28. Traffic Control Device 0

- (0) No traffic control(s)
 (1) Traffic control signal (not RR crossing)

Regulatory

- (2) Stop sign
 (3) Yield sign
 (4) School zone sign
 (5) Other regulatory sign (specify): _____

- (6) Warning sign (not RR crossing)
 (7) Unknown sign
 (8) Miscellaneous/other controls including RR controls (specify): _____

(9) Unknown

29. Traffic Control Device Functioning 0

- (0) No traffic control device
 (1) Traffic control device not functioning (specify): _____
 (2) Traffic control device functioning properly
 (9) Unknown

PRECRASH DRIVER RELATED DATA**30. Driver's Distraction/Inattention To Driving** 01
(Prior To Recognition Of Critical Event)

- (00) No driver present
 (01) Attentive or not distracted
 (02) Looked but did not see

Distractions

- (03) By other occupant(s), (specify): _____
 (04) By moving object in vehicle (specify): _____
 (05) While talking or listening to cellular phone
 (specify location and type of phone): _____
 (06) While dialing cellular phone (specify location
 and type of phone): _____
 (07) While adjusting climate controls
 (08) While adjusting radio, cassette, CD (specify): _____
 (09) While using other device/object in vehicle
 (specify): _____
 (10) Sleepy or fell asleep
 (11) Distracted by outside person, object, or event
 (specify): _____
 (12) Eating or drinking
 (13) Smoking related
 (97) Distracted/inattentive, details unknown
 (98) Other, distraction (specify): _____
 (99) Unknown

31. Pre-Event Movement (Prior to
Recognition of Critical Event) 01

- (00) No driver present
 (01) Going straight
 (02) Decelerating in traffic lane
 (03) Accelerating in traffic lane
 (04) Starting in traffic lane
 (05) Stopped in traffic lane
 (06) Passing or overtaking another vehicle
 (07) Disabled or parked in travel lane
 (08) Leaving a parking position
 (09) Entering a parking position
 (10) Turning right
 (11) Turning left
 (12) Making a U-turn
 (13) Backing up (other than for parking position)
 (14) Negotiating a curve
 (15) Changing lanes
 (16) Merging
 (17) Successful avoidance maneuver to a previous
 critical event
 (97) Other (specify): _____
 (99) Unknown

32. Critical Precrash Event 66*This Vehicle Loss of Control Due To:*

- (01) Blow out or flat tire
 (02) Stalled engine
 (03) Disabling vehicle failure (e.g., wheel fell off)
 (specify): _____
 (04) Non-disabling vehicle problem (e.g., hood flew
 up) (specify): _____
 (05) Poor road conditions (puddle, pot hole, ice, etc.)
 (specify): _____
 (06) Traveling too fast for conditions
 (08) Other cause of control loss (specify): _____
 (09) Unknown cause of control loss

This Vehicle Traveling

- (10) Over the lane line on left side of travel lane
 (11) Over the lane line on right side of travel lane
 (12) Off the edge of the road on the left side
 (13) Off the edge of the road on the right side
 (14) End departure
 (15) Turning left at intersection
 (16) Turning right at intersection
 (17) Crossing over (passing through) intersection
 (18) This vehicle decelerating
 (19) Unknown travel direction

Other Motor Vehicle In Lane

- (50) Other vehicle stopped
 (51) Traveling in same direction with lower steady
 speed
 (52) Traveling in same direction while decelerating
 (53) Traveling in same direction with higher speed
 (54) Traveling in opposite direction
 (55) In crossover
 (56) Backing
 (59) Unknown travel direction of other motor
 vehicle in lane

Other Motor Vehicle Encroaching Into Lane

- (60) From adjacent lane (same direction)—over left
 lane line
 (61) From adjacent lane (same direction)—over right
 lane line
 (62) From opposite direction—over left lane line
 (63) From opposite direction—over right lane line
 (64) From parking lane
 (65) From crossing street, turning into same
 direction
 (66) From crossing street, across path
 (67) From crossing street, turning into opposite
 direction
 (68) From crossing street, intended path not known
 (70) From driveway, turning into same direction
 (71) From driveway, across path
 (72) From driveway, turning into opposite direction
 (73) From driveway, intended path not known
 (74) From entrance to limited access highway
 (78) Encroachment by other vehicle—details
 unknown

Pedestrian, Pedalcyclist, or Other Nonmotorist

- (80) Pedestrian in roadway
 (81) Pedestrian approaching roadway
 (82) Pedestrian—unknown location
 (83) Pedalcyclist or other nonmotorist in roadway
 (specify): _____
 (84) Pedalcyclist or other nonmotorist approaching
 roadway, (specify): _____
 (85) Pedalcyclist or other nonmotorist—unknown
 location (specify): _____

Object or Animal

- (87) Animal in roadway
 (88) Animal approaching roadway
 (89) Animal—unknown location
 (90) Object in roadway
 (91) Object approaching roadway
 (92) Object—unknown location
 (98) Other critical precrash event (specify): _____
 (99) Unknown

33. Attempted Avoidance Maneuver 02

- (00) No driver present
- (01) No avoidance maneuver
- (02) Braking (no lockup)
- (03) Braking (lockup)
- (04) Braking (lockup unknown)
- (05) Releasing brakes
- (06) Steering left
- (07) Steering right
- (08) Braking and steering left
- (09) Braking and steering right
- (10) Accelerating
- (11) Accelerating and steering left
- (12) Accelerating and steering right
- (98) Other action (specify):

(99) Unknown

34. Pre-Impact Stability 1

- (0) No driver present
- (1) Tracking
- (2) Skidding longitudinally—rotation less than 30 degrees
- (3) Skidding laterally—clockwise rotation
- (4) Skidding laterally—counterclockwise rotation
- (7) Other vehicle loss-of-control (specify):

(9) Pre-crash stability unknown

35. Pre-Impact Location 1

- (0) No driver present
- (1) Stayed in original travel lane
- (2) Stayed on roadway but left original travel lane
- (3) Stayed on roadway, not known if left original travel lane
- (4) Departed roadway
- (5) Remained off roadway
- (6) Returned to roadway
- (7) Entered roadway
- (9) Unknown

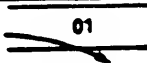




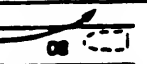
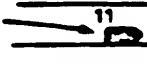


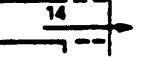
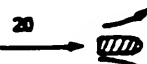
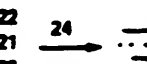
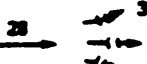



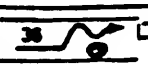

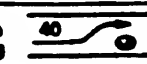

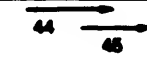
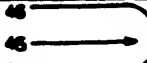
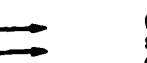
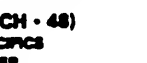



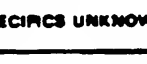





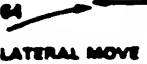
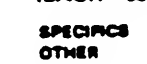

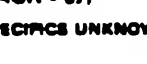

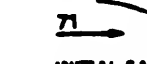


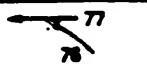

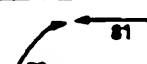


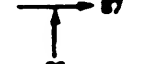


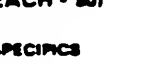
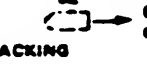


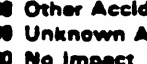

36. Accident Type 86

(Note: Applicable codes on back of this page)

- (00) No impact
Code the number of the diagram that best describes the accident circumstance
- (98) Other accident type (specify):

(99) Unknown

STOP HERE IF GV07 DOES NOT EQUAL 01 - 49

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 22 SLOWER 24, 25, 27	 26 DECEL. 28, 29, 31	 30 SPECIFICS OTHER	 31 SPECIFICS UNKNOWN (EACH - 32) (EACH - 33)
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 36 CONTROL/ TRACTION LOSS	 38 AVOID COLLISION WITH VEH.	 40 AVOID COLLISION WITH OBJECT	 41 SPECIFICS OTHER SPECIFICS UNKNOWN (EACH - 42) (EACH - 43)
	F Sideswipe Angle	 44 SPECIFICS OTHER	 45 SPECIFICS OTHER	 46 SPECIFICS OTHER	 47 SPECIFICS OTHER	(EACH - 48) SPECIFICS OTHER (EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS OTHER	 53 SPECIFICS UNKNOWN	(EACH - 52) SPECIFICS OTHER (EACH - 53) SPECIFICS UNKNOWN
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 56 CONTROL/ TRACTION LOSS	 58 AVOID COLLISION WITH VEH.	 60 AVOID COLLISION WITH OBJECT	 61 SPECIFICS OTHER SPECIFICS UNKNOWN (EACH - 62) (EACH - 63)
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS OTHER	 67 SPECIFICS UNKNOWN	(EACH - 66) SPECIFICS OTHER (EACH - 67) SPECIFICS UNKNOWN
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 71 SPECIFICS OTHER	 72 SPECIFICS UNKNOWN	(EACH - 74) SPECIFICS OTHER (EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	 77 TURN INTO SAME DIRECTION	 78 TURN INTO SAME DIRECTION	 80 TURN INTO OPPOSITE DIRECTIONS	 81 TURN INTO OPPOSITE DIRECTIONS	 82 SPECIFICS OTHER SPECIFICS UNKNOWN (EACH - 84) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 86 SPECIFICS OTHER	 87 SPECIFICS OTHER	 88 SPECIFICS OTHER	 89 SPECIFICS UNKNOWN	(EACH - 90) SPECIFICS OTHER (EACH - 91) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc	 92 SACKING VEH.	 93 OTHER VEH. OR OBJECT	 94 Other Accident Type	 95 Unknown Accident Type	 96 No Impact

OCCUPANT RELATED

37. Driver Presence in Vehicle 1
 (0) Driver not present
 (1) Driver present
 (9) Unknown
38. Number of Occupants This Vehicle 01
 (00-96) Code actual number of occupants for this vehicle
 (97) 97 or more
 (99) Unknown
39. Number of Occupant Forms Submitted 01

AIR BAG RELATED

40. Is this an AOPS Vehicle? 0
 (0) No (includes unknown)
 (1) Yes - researcher determined
 (2) VIN determined air bag system
 (3) VIN determined automatic (passive) belts
 (4) VIN determined air bag and automatic (passive) belts
41. Air Bag(s) Deployment, First Seat Frontal 0
 (0) Not equipped or not available
 (1) No air bags deployed
Single Air Bag Vehicle
 (2) Driver air bag deployed
 (3) Driver air bag, unknown if deployed
Multiple Air Bag Vehicle
 (4) Driver side only deployed
 (5) Passenger side only deployed
 (6) Driver and passenger side deployed
 (7) Driver and passenger side unknown if deployed
 (8) Air bag(s) deployed, details unknown
 (9) Unknown
42. Air Bag(s) Deployment, Other Than First Seat Frontal 0
 (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

Specify type of "other" air bag present: _____

VEHICLE WEIGHT ITEMS

43. Vehicle Curb Weight 9990
4265 Code weight to nearest 10 kilograms.
 (045) Less than 450 kilograms
 (610) 6,100 kilograms or more
 (999) Unknown
4265 lbs X .4536 = 1935 kgs

Source: _____

44. Vehicle Cargo Weight 9990
 Code weight to nearest 10 kilograms.
 (000) Less than 5 kilograms
 (450) 4,500 kilograms or more
 (999) Unknown

____ lbs X .4536 = _____ kgs

Source: _____

ROLLOVER DATA

45. Rollover 00
 (00) No rollover (no overturning)
Rollover (primarily about the longitudinal axis)
 (01-16) Code the number of quarter turns
 (17) Rollover, 17 or more quarter turns (specify): _____
 (98) Rollover--end-over-end (i.e., primarily about the lateral axis)
 (99) Rollover (overturn), details unknown
46. Rollover Initiation Type 00
 (00) No rollover
 (01) Trip-over
 (02) Flip-over
 (03) Turn-over
 (04) Climb-over
 (05) Fall-over
 (06) Bounce-over
 (07) Collision with another vehicle
 (08) Other rollover initiation type specify): _____
 (98) Rollover--end-over-end
 (99) Unknown rollover initiation type
47. Location of Rollover Initiation 0
 (0) No rollover
 (1) On roadway
 (2) On shoulder--paved
 (3) On shoulder--unpaved
 (4) On roadside or divided trafficway median
 (8) Rollover--end-over-end
 (9) Unknown
48. Rollover Initiation Object Contacted 00
 (Note: Applicable codes on back of page)
49. Location on Vehicle Where Initial Principal Tripping Force Is Applied 0
 (0) No rollover
 (1) Wheels/tires
 (2) Side plane
 (3) End plane
 (4) Undercarriage
 (5) Other location on vehicle (specify): _____
 (6) Non-contact rollover forces (specify): _____
 (8) Rollover--end-over-end
 (9) Unknown
50. Direction of Initial Roll 0
 (0) No rollover
 (1) Roll right - primarily about the longitudinal axis
 (2) Roll left - primarily about the longitudinal axis
 (8) Rollover--end-over-end
 (9) Unknown roll direction

OVERRIDE/UNDERRIDE (THIS VEHICLE)

51. Front Override/Underride (this Vehicle) 7
52. Rear Override/Underride (this Vehicle) 0
- (0) No override/underride, or not an end-to-end impact between two CDS applicable vehicles, and no medium/heavy truck or bus underride
- Override (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (1) 1st CDC
 (2) 2nd CDC
 (3) Other not automated CDC (specify): _____
- Underride (see specific CDC)*
[Between 2 CDS applicable vehicles (Bodytype, GV07 = 1-49)]
- (4) 1st CDC
 (5) 2nd CDC
 (6) Other not automated CDC (specify): _____
- (7) Medium/heavy truck or bus override (of any configuration)
 (9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
 (997) Noncollision
 (998) Impact with object
 (999) Unknown

53. Heading Angle For This Vehicle 000
54. Heading Angle For Other Vehicle 090

RECONSTRUCTION DATA

55. Towed Trailing Unit 0
- (0) No towed unit
 (1) Yes—towed trailing unit
 (9) Unknown
56. Documentation of Trajectory Data for This Vehicle 0
- (0) No
 (1) Yes
57. Post Collision Condition of Tree or Pole (For Highest Delta V) 0
- (0) Not collision (for highest delta V) with tree or pole
 (1) Not damaged
 (2) Cracked/sheared
 (3) Tilted <45 degrees
 (4) Tilted ≥45 degrees
 (5) Uprooted tree
 (6) Separated pole from base
 (7) Pole replaced
 (8) Other (specify): _____
- (9) Unknown

ACCIDENT RECONSTRUCTION PROGRAMS HIGHEST DELTA V

58. Basis for Total (Resultant) Delta V (highest) 04
- (00) No vehicle inspection
- Delta V Calculated*
- (01) Reconstruction program -damage only routine
 (02) Reconstruction program -damage and trajectory routine
 (03) Missing vehicle algorithm
- Delta V Not Calculated*
- (04) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.

All vehicles within scope (CDC applicable) of reconstruction program but one of the collision conditions is beyond the scope of the reconstruction program or other acceptable reconstruction technique, regardless of adequacy of damage data.

- (05) Rollover
 (06) Other non-horizontal forces
 (07) Sideswipe type damage
 (08) Severe override
 (09) Yielding object
 (10) Overlapping damage
 (11) All vehicle and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available, (specify): _____

- (98) Other, (specify): _____

COMPUTER GENERATED CRASH SEVERITY

59. Total Delta V

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

60. Longitudinal Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than
 -0.5 kmph and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

61. Lateral Component of Delta V

Highest

+ 999
- 999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: __000 means greater than -0.5 kmph
 and less than +0.5 kmph)
 (±160) ±159.5 kmph and above
 (_999) Unknown

62. Energy Absorption

999.900

____ Nearest 100 joules (highest)

____ Nearest 100 joules (secondary)

(NOTE: 0000 means less than 50 joules)
 (9997) 999,650 joules or more
 (9999) Unknown

63. Impact Speed

Highest

998

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (998) Trajectory algorithm not run
 (999) Unknown

DELTA V CONFIDENCE LEVEL

64. Confidence In Reconstruction Program Results (For Highest Delta V)

- (0) No reconstruction 0
 (1) Collision fits model — results appear reasonable
 (2) Collision fits model — results appear high
 (3) Collision fits model — results appear low
 (4) Borderline reconstruction — results appear reasonable

OTHER SPEED ESTIMATE

65. Barrier Equivalent Speed

Highest

999

____ Nearest kmph (highest)

____ Nearest kmph (secondary)

(NOTE: 000 means less than 0.5 kmph)
 (160) 159.5 kmph and above
 (999) Unknown

IS MISSING VEHICLE ALGORITHM APPLICABLE FOR THIS VEHICLE? [] YES [X] NO

IF YES: IS A COMPLETED PROGRAM SUMMARY INCLUDED? [] YES [] NO

ESTIMATED DELTA V	VEHICLE INSPECTION
<p>66. Estimated Highest Delta V (Researcher Determined) <u>3</u></p> <p>(0) Reconstruction Delta V coded</p> <p><i>Estimated Delta V</i></p> <p>(1) Less than 10 kmph</p> <p>(2) ≥ 10 kmph but < 25 kmph</p> <p>(3) ≥ 25 kmph but < 40 kmph</p> <p>(4) ≥ 40 kmph but < 55 kmph</p> <p>(5) ≥ 55 kmph</p> <p><i>Other estimates of damage severity</i></p> <p>(6) Minor</p> <p>(7) Moderate</p> <p>(8) Severe</p> <p>(9) Unknown</p>	<p>67. Type of Vehicle Inspection <u>2</u></p> <p>(0) No inspection</p> <p>(1) Vehicle fully repaired-no damage evident</p> <p>(2) Partial inspection (specify): <u>interior not fully</u></p> <p>(3) Complete inspection <u>inspected due to fire debris</u></p>

*** IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV67=0), ***

DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS

*** IF GV07 DOES NOT EQUAL 01-49, DO NOT COMPLETE ***

THE EXTERIOR VEHICLE, INTERIOR VEHICLE,
OCCUPANT ASSESSMENT, AND OCCUPANT INJURY FORMS.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

EXTERIOR VEHICLE FORM

BEST AVAILABLE
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

02

2. Case Number - Stratum

9516

VEHICLE IDENTIFICATION

VIN 2GBHG31M2F4

Model Year 85

Vehicle Make (specify): Chevrolet

Vehicle Model (specify): cutaway VAN

LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L	Location of Max Crush
<u>1</u>	<u>BC - BC</u>	<u>whole front Bumper</u>	<u>8cm (R) of C5</u>

CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	±D
		Width (CDC)	Max Crush								
<u>1</u>	<u>@ Bumper</u>	<u>165</u>	<u>31</u>	<u>158</u>	<u>0</u>	<u>2</u>	<u>9</u>	<u>19</u>	<u>29</u>	<u>22</u>	<u>0</u>
<u>1</u>	<u>Above Bumper</u>				<u>43</u>	<u>46</u>	<u>38</u>	<u>30</u>			
	<u>FREE SPACE</u>				<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>			
	<u>Resultant</u>				<u>33</u>	<u>36</u>	<u>28</u>	<u>20</u>			
<u>1</u>	<u>FINAL</u>	<u>165</u>	<u>31</u>	<u>158</u>	<u>17</u>	<u>19</u>	<u>19</u>	<u>19</u>	<u>29</u>	<u>22</u>	<u>0</u>

STANDS
SET @
176
FROM
AXLE
R

ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase 146 inches x 2.54 = 371 cm
 Overall Length > 218.6 inches x 2.54 = > 555 cm
 Maximum Width 92.9 inches x 2.54 = 236 cm
 Chassis + Cab Curb Weight ≤ 4,265 pounds x 0.4536 = 1,935 kg
 Average Track _____ inches x 2.54 = _____ cm
 Front Overhang 29.6 inches x 2.54 = 75 cm
 Rear Overhang > 43.0 inches x 2.54 = > 109 cm
 Undeformed End Width 73 inches x 2.54 = 185 cm
 Engine Size: cyl/displ. _____ cc x 0.001 = 5.7 L
 V8 _____ CID x 0.0164 = _____ L

SPECIAL CRASH INVESTIGATION ADDENDUM

Submodel Designation: {specify} Color: {specify} Repair Cost: \$

Transmission: {circle} Automatic | Manual Speed: 3-speed | 4-speed | 5-speed | Other:

Steering: {circle} Power-assisted | Manual Type: rack-and-pinion | worm-and-gear | Other
{please describe}:

Brakes: {circle} Power-assisted | Manual Type: 4-wheel disc | 4-wheel drum | 4-wheel hydraulic
front disc, rear drum | Other:

Observed Defects: {specify}

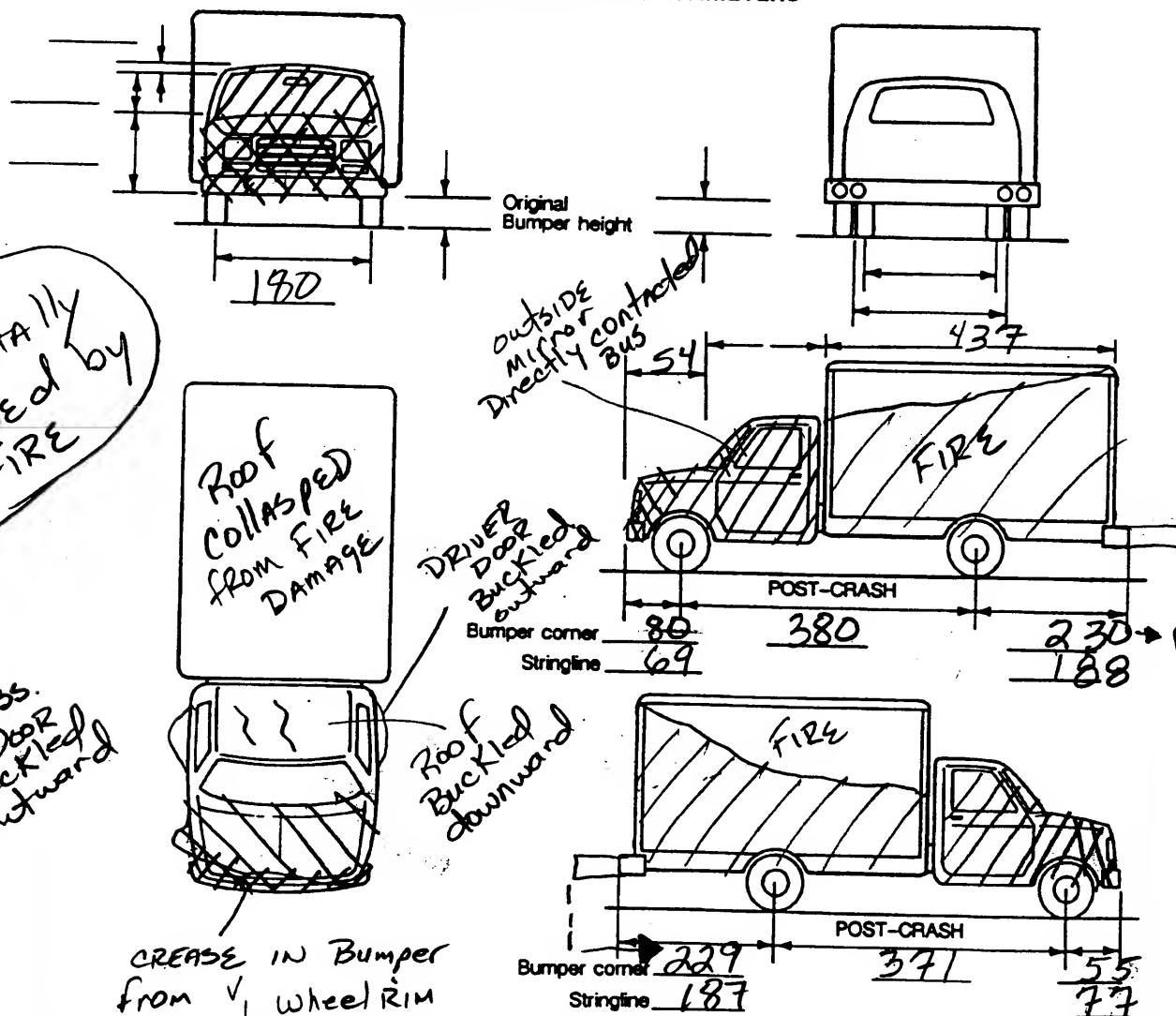
Fleet Type: {circle} Private vehicle | Rental vehicle | Leased vehicle | Commercial vehicle | Other

{please describe}:

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>9</u> LF <u>9</u> RR <u>2</u> LR <u>2</u> b. Tire deflated RF <u>9</u> LF <u>9</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.	ORIGINAL SPECIFICATIONS Wheelbase <u>370</u> cm Overall Length _____ cm Maximum Width <u>201</u> cm Curb Weight _____ kg Average Track _____ cm Front Overhang <u>75</u> cm Rear Overhang _____ cm Undeformed End Width _____ cm Engine Size: cyl./displ. <u>5.7</u> L	WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees DRIVE WHEELS <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight _____ kg
TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input type="checkbox"/> Automatic END SHIFT ≥ 10 CM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	GENERAL MOTORS (CHEVROLET - GMC)
9	9	9	9	8	8	8	8	8	8	
8	8	9	9	9	9	9	9	9	9	
1	2	3	4	5	9	7	9	9	0	VEHICLE IDENTIFICATION NUMBER (Cont'd.)

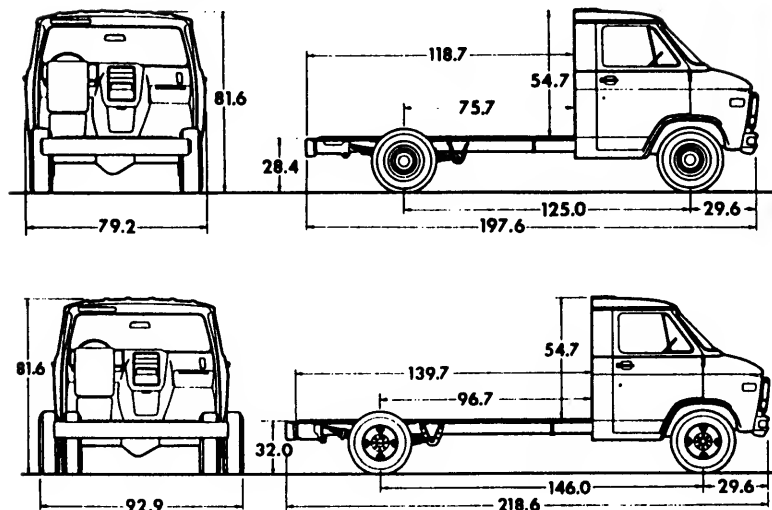
VIN-21

1	1	1	1	1	1	1	1	1	1	GENERAL MOTORS (CHEVROLET - GMC)
9	9	9	9	9	8	9	9	9	9	
9	9	8	9	9	9	9	9	8	9	
1	2	3	4	5	9	7	8	9	0	VEHICLE IDENTIFICATION NUMBER (Cont'd.)

VIN-22

1981-1990

CHEVROLET CUTAWAY VAN
GVW Ratings: 7,400-10,500 Lbs.



CHEVROLET

ENGINE: Standard: Chevrolet 5.7L 350-4 V8, 160 NHP @ 3800 RPM.
Calif. engines: Chevrolet 5.7L 350-4 V8, 155 NHP @ 4000 RPM.

MODELS AVAILABLE: 125" or 146" wb. Commercial Cutaway.
125" or 146" wb. RV Cutaway.
125" wb. School bus opt. w/Commercial Cutaway

CHEVROLET CUTAWAY VAN

GVW RATING	WB.	MINIMUM EQUIPMENT REQUIRED FOR GVW RATING
Commercial Cutaway:		
7,400	125	Standard - Commercial Cutaway (N/A in Calif.)
8,600	125	Commercial Cutaway; HD Chassis group, incl. - 1,950 lb. fr. springs, front stabilizer bar, 515 CCA battery, 66 amp. alt.; req. 8.75-16.5/E tires.
8,900	125	Commercial Cutaway; HD Chassis group w/Dual rear wheels, incl. - Hyd. Power assist. brakes, 3,400 fr. & 6,000 r. springs, 6,200 lb. r. axle, chassis provisions, front stabilizer bar, 515 CCA battery, 66 amp. alt.; N/A w/8.75-16.5D/E tires.
10,000	125	Comm. Cutaway; 7500 lb. r. axle; Dual Rear wheel Provisions; School Bus chassis equip., incl. - 1950 lb. fr. springs; HD shocks; 8.00-16.5D tires.
8,900	146	Standard - Commercial Cutaway.
10,000	146	Commercial Cutaway; 7,500 lb. rear axle.
10,500	146	Standard - Comm. Cutaway w/C7C HD chassis pkg.; C7C pkg. includes 7,500 lb. r. axle, 4.56 ratio, 8.00-16.5D 8pr tires w/Dual wheel provisions.

RV Cutaway:		
8,600	125	Standard - RV Cutaway.
8,900	125	RV Cutaway; Dual Rear wheel Provisions.
10,500	146	Standard - RV Cutaway.

CURB WEIGHTS & DIMENSIONS: (Standard equipment)							
Model	Model #	Front	Rear	Total	WB	OL	OH
Commercial Cutaway	G31303	2,386	1,345	3,731	125	197.6	81.6
RV Cutaway	G31332	2,402	1,503	3,905	125	197.6	81.6
Commercial Cutaway	G31603	2,582	1,589	4,171	146	218.6	81.6
Comm. Cut. w/C7C	G31603	2,609	1,656	4,265	146	218.6	81.6
RV Cutaway	G31632	2,588	1,731	4,319	146	218.6	81.6
Ground clearance, front 9.0", rear 7.0"							

CHEVROLET CUTAWAY VAN

	Comm. Cutaway	Comm. Cutaway	RV Cutaway	RV Cutaway
MODEL	G31303	G31603	G31332	G31632
MODEL #				
Wheelbase	125"	146"	125"	146"
Front Axle, cap.	3,900 lbs.	3,900 lbs.	3,900 lbs.	3,900 lbs.
Rear Axle, cap.	5,700 lbs.	6200 lbs.(7500**)	5,700 lbs.	7,500 lbs.
Standard ratio	3.23	4.10	4.10	4.56
Optional ratios	(3.73,4.10,4.56)	(4.56**)	(3.73 Calif, 4.56)	(3.73 Calif., 4.10)
Service Brakes	-----Hydraulic, self-adjusting-----			
Front	12.5 x 1.28" disc	12.5 x 1.54" disc	12.5 x 1.28" disc	12.5 x 1.54" disc
Rear	13 x 2.5 drum	13 x 3.5 drum	13 x 2.5 drum	13 x 3.5 drum
Booster	Dual Diaphragm.	Hydro-Boost	Dual Diaphragm	Hydro-Boost
Parking Brakes	-----Cable to rear wheels-----			
Cooling System	-----4.3 gallon capacity; 479 sq. in. frontal area radiator-----			
Drive Line	-----Tubular shafts, needle bearing universal joints-----			
Battery	390 CCA	515 CCA	515 CCA	515 CCA
Alternator	37 amp.	66 amp.	66 amp.	66 amp.
Frame	-----Integral body frame-----			
Fuel Tank	22 gallon (33)	33 gallon	22 gallon (33)	33 gallon
Steering	-----Integral Power steering gear, 14.0:1 ratio-----			
Front Springs, Std.	1,700 lb coil ea.	1,950 lb coil ea.	1,950 lb coil ea.	1,950 lb coil ea.
Optional Front	(1,950 lb coil)	---	---	---
Rear Springs, cap.	3,000 lb leaf ea.	3,600 lb leaf ea.	3,000 lb leaf ea.	3,600 lb leaf ea.
Shock Absrbrs fr&r	25mm dia.	35mm dia.	25mm dia.	35mm dia.
Transmission, Std.	-----3-sp. Automatic ratios 2.48, 1.48, 1.00, reverse 2.10-----			
Tires, Std.	8.75-16.5D 8pr	8.00-16.5C 6pr*	8.75-16.5E 10 pr	8.00-16.5D 8pr*
		8.00-16.5D 8pr**		
Wheels	16.5 x 6.75" disc	16.5 x 6.0" disc	16.5 x 6.75" disc	16.5 x 6.0" disc
*Dual Rear Tires	**Standard w/G31603 Commercial Cutaway w/C7C HD chassis pkg.			
() - Optional				

GASOLINE TRUCK INDEX

Lines in U.S.A.

CHEVROLET

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>12</u>	7. <u>F</u>	8. <u>D</u>	9. <u>E</u>	10. <u>W</u>	11. <u>03</u>

Second Highest Delta "V"

12. <u>03</u>	13. <u>01</u>	14. <u>09</u>	15. <u>L</u>	16. <u>P</u>	17. <u>G</u>	18. <u>N</u>	19. <u>01</u>
---------------	---------------	---------------	--------------	--------------	--------------	--------------	---------------

CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

HIGHEST DELTA "V"

20. L	21. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	22. ± D
<u>185</u>	<u>017</u>	<u>019</u>	<u>019</u>	<u>019</u>	<u>029</u>	<u>022</u>	<u>+ 000</u>

Second Highest Delta "V"

23. L	24. C ₁	C ₂	C ₃	C ₄	C ₅	C ₆	25. ± D
_____	_____	_____	_____	_____	_____	_____	_____

26. Undeformed End Width
(Coded when highest severity impact is an end plane impact.)
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(998) No highest severity end plane impact
(999) Unknown

185

27. Direct Damage Width
(For highest severity impact)
_____ Code to the nearest centimeter
(250) 250 centimeters or more
(999) Unknown

165

28. Original Wheelbase
_____ Code to the nearest centimeter
(650) 650 centimeters or more
(999) Unknown
146 inches X 2.54 = 371 centimeters

371

29. Original Average Track Width
_____ Code to the nearest centimeter
(185) 185 centimeters or more
(999) Unknown
_____ inches X 2.54 = _____ centimeters

999

FUEL SYSTEM

30. Are CDCs Documented
but Not Coded on The
Automated File?

- (0) No
(1) Yes

0

31. Researcher's Assessment of Vehicle
Disposition

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

32. Is This A Multi-Stage Manufactured Vehicle
And/OR A Certified Altered Vehicle?

- (0) No post manufacturer modifications
(1) Yes - post manufacturer modifications
(specify):

1

BURNED up
(Include photograph of CERTIFICATION
PLACARD in case report)

- (9) Unknown if vehicle is modified

FIRE OCCURRENCE

33. Fire Occurrence

- (0) No fire

Yes, fire occurred

- (1) Minor
(2) Major
(9) Unknown

2

34. Origin of Fire

- (0) No fire
(1) Vehicle exterior (front, side, back, top)
(2) Exhaust system
(3) Fuel tank (and other fuel retention
system parts)
(4) Engine compartment
(5) Cargo/trunk compartment
(6) Instrument panel
(7) Passenger compartment area
(8) Other location (specify):

4

- (9) Unknown

35. Location of Fuel Tank-1 Filler Cap

2

36. Location of Fuel Tank-2 Filler Cap

0

- (0) No fuel tank
(1) On back plane
(2) Aft of center of the rear wheels (rear axle)
on left side plane
(3) Aft of center of the rear wheels (rear axle)
on right side plane
(4) Forward of center of the rear wheels (rear
axle) on left side plane
(5) Forward of center of the rear wheels (rear
axle) on right side plane
(6) Over the center of the rear wheels (rear
axle) on left side plane
(7) Over the center of the rear wheels (rear
axle) on right side plane
(8) Other (specify):
(9) Unknown

37. Type of Fuel Tank-1

1

38. Type of Fuel Tank-2

0

- (0) No fuel tank (electrical vehicle)
(1) Metallic
(2) Non-metallic
(9) Unknown

39. Location of Fuel Tank-1

1

40. Location of Fuel Tank-2

0

- (0) No fuel tank
(1) Aft of center of the rear wheels (rear axle)
centered
(2) Aft of center of the rear wheels (rear axle)
left side
(3) Aft of center of the rear wheels (rear axle)
right side
(4) Forward of center of the rear wheels (rear
axle) centered
(5) Forward of center of the rear wheels (rear
axle) left side
(6) Forward of center of the rear wheels (rear
axle) right side
(7) Over center of the rear wheels (rear axle)
(8) Other (specify):
(9) Unknown

41. Damage to Fuel Tank-1

1

42. Damage to Fuel Tank-2

0

- (0) No fuel tank
(1) No damage to fuel tank
(2) Deformed, no seam failure
(3) Deformed, with a seam failure
(4) Punctured
(5) Lacerated (ripped)
(6) Abraded (scraped)
(7) Filler neck separation from the fuel tank
(8) Other damage (specify):
(9) Unknown

43. Leakage Location of Fuel System-1

9

44. Leakage Location of Fuel System-2

0

(0) No fuel tank

(1) No fuel leakage

Primary Area Of Leakage

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): _____

(9) Unknown

45. Fuel Type-1

0 1

46. Fuel Type-2

0 0*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): _____

Electric Powered or Electric/Solar Powered Vehicles

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): _____

(98) Other Hybrid (specify): _____

(99) Unknown fuel type

47. Is This Vehicle Equipped With More Than Two Fuel Tanks?

0

(0) No (one or two tanks only)

Yes - More Than Two Tanks(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): _____(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank _____

Tank location _____

Filler cap location _____

Tank damage _____

Location of leakage _____

Type of fuel _____

(9) Unknown if more than two tanks

COMMENTS

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***

(GV10=0)

DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation
National Highway Traffic Safety
Administration

INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9516

3. Vehicle Number

02

INTEGRITY

4. Passenger Compartment Integrity

12

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window (All)

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate or Hatch Opening

5. LF 3 6. RF 3 7. LR 0 8. RR 0 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 \neq 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structural failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Type of Window/Windshield Glazing

15. WS 9 16. LF 9 17. RF 9 18. LR 0 19. RR 0

20. BL 0 21. Roof 0 22. Other 0

(0) No glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted (original)

(4) AS-2 - Tempered-with after market tint

(5) AS-3 - Tempered-tinted (with additional after market tint)

(6) AS-14 - Glass/Plastic

(7) Glazing removed prior to accident

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

23. WS 1 24. LF 2 25. RF 4 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No glazing

(1) Fixed

(2) Closed

(3) Partially opened

(4) Fully opened

(7) Glazing removed prior to accident

(9) Unknown

Glazing Damage from Impact Forces

31. WS 9 32. LF 9 33. RF 9 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing

(1) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(9) Unknown if damaged

Glazing Damage from Occupant Contact

39. WS 9 40. LF 9 41. RF 9 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing

(1) No occupant contact to glazing

(2) Glazing contacted by occupant but no glazing damage

(3) Glazing in place and cracked by occupant contact

(4) Glazing in place and holed by occupant contact

(5) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(6) Glazing out-of-place by occupant contact and holed by occupant contact

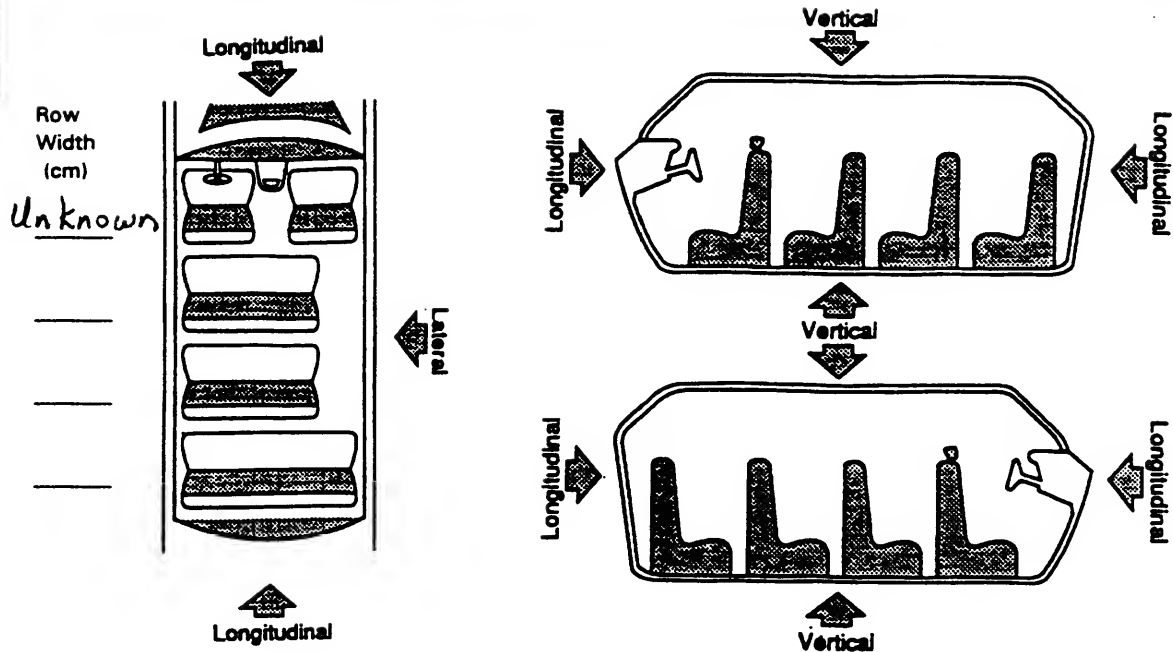
(7) Glazing removed prior to accident

(8) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	INTRUSION	
		-		=	
	Could not be measured				
	due to fire damage and				
	debris	-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	
		-		=	

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>9 9</u>	48. <u>9 9</u>	49. <u>9</u>	50. <u>99</u>
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

LOCATION OF INTRUSION

Front Seat
 (11) Left
 (12) Middle
 (13) Right

Second Seat
 (21) Left
 (22) Middle
 (23) Right

Third Seat
 (31) Left
 (32) Middle
 (33) Right

Fourth Seat
 (41) Left
 (42) Middle
 (43) Right

(97) Catastrophic
 (98) Other enclosed area (specify)

(99) Unknown

INTRUDING COMPONENT

Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Side panel - forward of the A1/A2-pillar
- (11) Door panel (side)
- (12) Side panel - rear of the B-pillar
- (13) Roof (or convertible top)
- (14) Roof side rail
- (15) Windshield
- (16) Windshield header
- (17) Window frame
- (18) Floor pan (includes sill)
- (19) Backlight header
- (20) Front seat back
- (21) Second seat back
- (22) Third seat back
- (23) Fourth seat back
- (24) Fifth seat back
- (25) Seat cushion
- (26) Back door/panel (e.g., tailgate)
- (27) Other interior component (specify): _____

Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify): _____
- (32) Other exterior object in the environment (specify): _____
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify): _____
- (99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 3 centimeters but < 8 centimeters
- (2) ≥ 8 centimeters but < 15 centimeters
- (3) ≥ 15 centimeters but < 30 centimeters
- (4) ≥ 30 centimeters but < 46 centimeters
- (5) ≥ 46 centimeters but < 61 centimeters
- (6) ≥ 61 centimeters
- (7) Catastrophic
- (9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

	—		=	
--	---	--	---	--

None Visible

STEERING COLUMN

INSTRUMENT PANEL

87. Steering Column Type

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify): _____

(9) Unknown

88. Tilt Steering Column Adjustment

- (0) No tilt steering column
 (1) Full up
 (2) Between full up and center
 (3) Center
 (4) Between center and full down
 (5) Full down
 (9) Unknown

89. Telescoping Steering Column Adjustment

- (0) No telescoping steering column
 (1) Full back
 (2) Between full back and midpoint
 (3) Midpoint
 (4) Between midpoint and full forward
 (5) Full forward
 (9) Unknown

90. Steering Rim/Spoke Deformation

- Code actual measured
 deformation to the nearest centimeter
 (00) No steering rim deformation
 (01-14) Actual measured value in centimeters
 (15) 15 centimeters or more
 (98) Observed deformation cannot be measured
 (99) Unknown

91. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

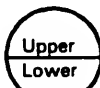
Quarter Sections

- (01) Section A
 (02) Section B
 (03) Section C
 (04) Section D



Half Sections

- (05) Upper half of rim/spoke
 (06) Lower half of rim/spoke
 (07) Left half of rim/spoke
 (08) Right half of rim/spoke
 (09) Complete steering wheel collapse
 (10) Undetermined location
 (99) Unknown



92. Odometer Reading

_____ kilometers
 Code to the nearest 1,000 kilometers
 (000) No odometer
 (001) Less than 1,500 kilometers
 (500) 499,500 kilometers or more
 (999) Unknown *instrument panel destroyed*
 _____ miles X 1.6093 = _____ kilometers

Source: _____

93. Instrument Panel Damage from Occupant Contact?

- (0) No
 (1) Yes
 (9) Unknown

94. Type of Knee Bolster Covering

- (0) No knee bolster
 (1) Padded
 (2) Rigid plastic
 (8) Other (specify): _____
 (9) Unknown

95. Knee Bolsters Deformed from Occupant Contact?

- (0) No knee bolster
 (1) No deformation
 (2) Yes - deformation
 (9) Unknown

96. Did Glove Compartment Door Open During Collision(s)?

- (0) No glove compartment door
 (1) No - door did not open
 (2) Yes - door opened
 (9) Unknown

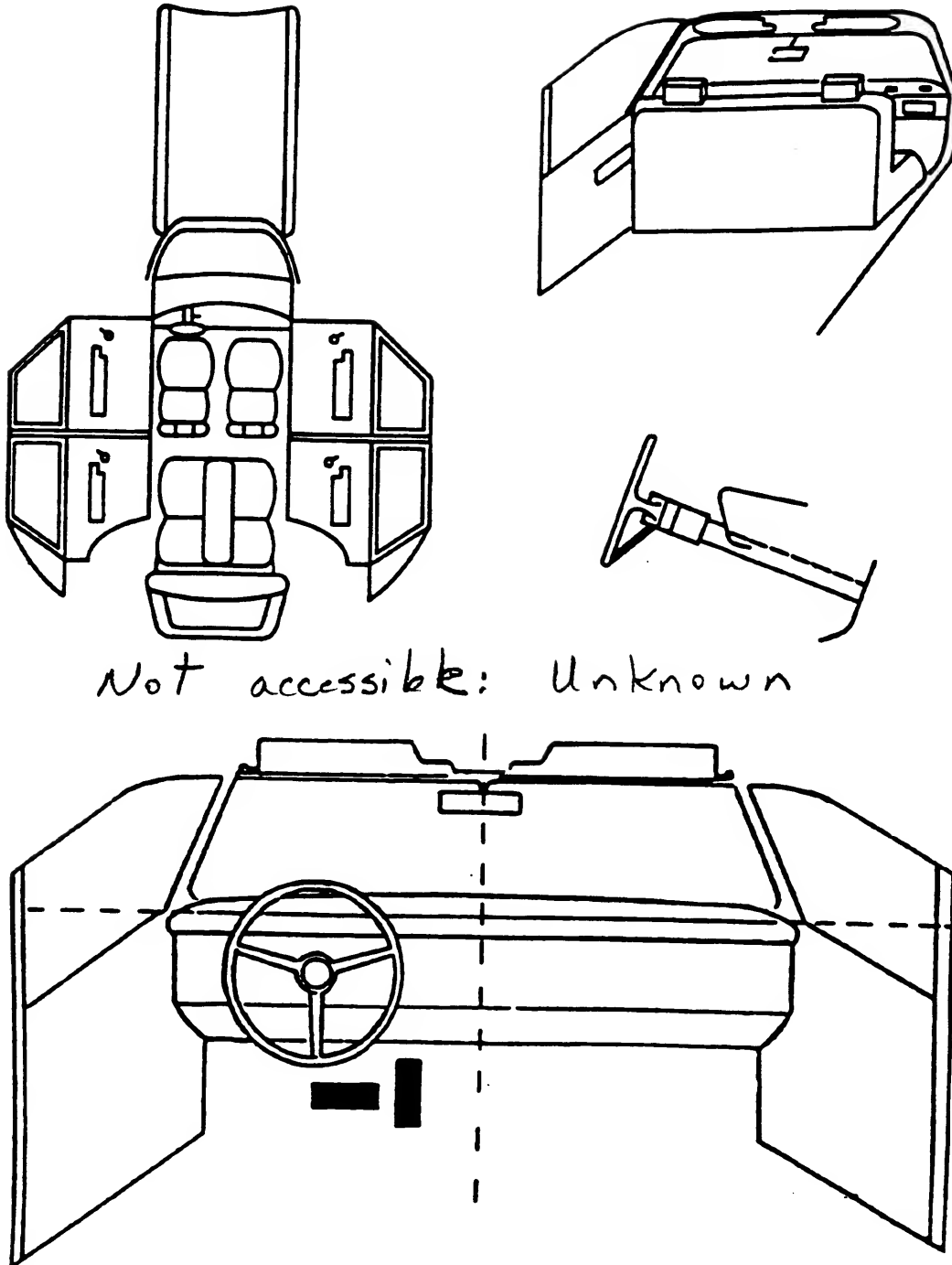
97. Adaptive (Assistive) Driving Equipment

- (0) No adaptive driving equipment
 (1) Adaptive driving equipment installed
 (Check all that apply.)
☐ Hand controls for braking/acceleration
☐ Steering control devices (attached to OEM steering wheel)
☐ Steering knob attached to steering wheel
☐ Low effort power steering (unit or device)
☐ Replacement steering wheel (i.e., reduced diameter)
☐ Joy-stick steering controls
☐ Wheelchair tie-downs
☐ Modification to seat belts (specify): _____
☐ Additional or relocated switches (specify): _____
☐ Raised roof
☐ Wall-mounted head rest (used behind wheelchair)
☐ Other adaptive device (specify): _____

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A					
B					
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

FRONT

- (001) Windshield
 (002) Mirror
 (003) Sunvisor
 (004) Steering wheel rim
 (005) Steering wheel hub/spoke
 (006) Steering wheel (combination of codes 004 and 005)
 (007) Steering column, transmission selector lever, other attachment
 (008) Cellular telephone or CB radio
 (009) Add on equipment (a.g., tape deck, air conditioner)
 (010) Left instrument panel and below
 (011) Center instrument panel and below
 (012) Right instrument panel and below
 (013) Glove compartment door
 (014) Knee bolster
 (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
 (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
 (017) Windshield reinforced by exterior object, (specify):
 (019) Other front object (specify):

CODES FOR INTERIOR COMPONENTS

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
 (052) Left side hardware or armrest
 (053) Left A (A1/A2)-pillar
 (054) Left B-pillar
 (055) Other left pillar (specify):
 (056) Left side window glass
 (057) Left side window frame
 (058) Left side window sill
 (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (060) Other left side object (specify):
 RIGHT SIDE
 (101) Right side interior surface, excluding hardware or armrests
 (102) Right side hardware or armrest
 (103) Right A (A1/A2)-pillar
 (104) Right B-pillar
 (105) Other right pillar (specify):
 (106) Right side window glass
 (107) Right side window frame
 (108) Right side window sill
 (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
 (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
 (152) Belt restraint webbing/buckle
 (153) Belt restraint B-pillar or door frame attachment point
 (154) Other restraint system component (specify):
 (155) Head restraint system
 (160) Other occupants (specify):
 (161) Interior loose objects
 (162) Child safety seat (specify):
 (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
 (175) Air bag compartment cover-driver side
 (180) Air bag-passenger side
 (185) Air bag compartment cover-passenger side
 (190) Other air bag (specify):
 (195) Other air bag compartment cover (specify):

ROOF

- (201) Front header
 (202) Rear header
 (203) Roof left side rail
 (204) Roof right side rail
 (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
 (252) Floor or console mounted transmission lever, including console
 (253) Parking brake handle
 (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
 (302) Backlight storage rack, door, etc.
 (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
 (402) Steering control devices (attached to OEM steering wheel)
 (403) Steering knob attached to steering wheel
 (405) Replacement steering wheel (i.e., reduced diameter)
 (406) Joy stick steering controls
 (407) Wheelchair tie-downs
 (408) Modification to seat belts, (specify):
 (409) Additional or relocated switches, (specify):
 (410) Raised roof
 (411) Wall mounted head rest (used behind wheelchair)
 (412) Other adaptive device (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
 (2) Probable
 (3) Possible
 (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form. If a Child safety seat is present, encode the data on the back of this page. If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4		4
	Evidence of usage	99		99
	Used in this crash?	99		99
	Proper Use	9		9
	Failure Modes	9		9
	Anchorage Adjustment	1		1
SECOND	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			
OTHER	Availability			
	Evidence of usage			
	Used in this crash?			
	Proper Use			
	Failure Modes			
	Anchorage Adjustment			

Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):
- (9) Unknown

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

Shoulder Belt Upper Anchorage Adjustment

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

AIR BAGS

		Left Front	Right Front	Other
F I R S T	Availability/Function	0	0	0
	Deployment	0	0	0
	Failure	0	0	0

Air Bag System Availability/Function

(0) Not equipped/not available

(1) Air bag

Non-functional

(2) Air bag disconnected (specify): _____

(3) Air bag not reinstalled

(9) Unknown

Are There Indications of Air Bag System Failure? (This Occupant Position)

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(9) Unknown

Frontal Air Bag System Deployment (This Occupant Position)

(0) Not equipped/not available

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, accident sequence undetermined

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position)

(0) Not equipped with an "other" air bag

(1) Deployed during accident (as a result of impact)

(2) Deployed inadvertently just prior to accident

(3) Deployed, details unknown

(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)

(5) Unknown if deployed

(7) Nondeployed

(9) Unknown

AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

Automatic (Passive) Belt System Availability/Function

(0) Not equipped/not available

(1) 2 point automatic belts

(2) 3 point automatic belts

(3) Automatic belts - type unknown

Non-functional

(4) Automatic belts destroyed or rendered inoperative

(9) Unknown

Automatic (Passive) Belt System Use

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Automatic belt in use

(2) Automatic belt not in use (manually disconnected, motorized track inoperative)

(3) Automatic belt use unknown

(9) Unknown

Automatic (Passive) Belt System Type

(0) Not equipped/not available

(1) Non-motorized system

(2) Motorized system

(9) Unknown

Proper Use of Automatic (Passive) Belt System

(0) Not equipped/not available/not used

(1) Automatic belt used properly

(2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

(3) Automatic shoulder belt worn under arm

(4) Automatic shoulder belt worn behind back

(5) Automatic belt worn around more than one person

(6) Lap portion of automatic belt worn on abdomen

(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

Automatic (Passive) Belt Failure Modes During Accident

(0) Not equipped/not available/not in use

(1) No automatic belt failure(s)

(2) Torn webbing (stretched webbing not included)

(3) Broken buckle or latchplate

(4) Upper anchorage separated

(5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAGS

NOTES: Encode the applicable data for the driver and first seat passenger in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

	Driver	Passenger
Type of air bag?	○	○
Flaps open at tear points?	○	○
Flaps damaged?	○	○
Air bag damaged?	○○	○○
Source of air bag damage	○○	○○
Air bag tethered?	○	○
Air bag have vent ports?	○	○
Other occupant contact air bag?	○	○
Occupant wearing eyewear?	○	○

Type of Air Bag

- (0) Not equipped/not available
- (1) Original manufacturer installed system
- (2) Retrofitted air bag
- (3) Replacement air bag
- (8) Unknown type of air bag
- (9) Unknown

Did Air Bag Module Cover Flap(s) Open At Designated Tear Points?

- (0) Not equipped/not available
- (1) No
- (2) Yes
- (3) Deployed, unknown if flap(s) opened at designated tear points
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Were Air Bag Module Cover Flap(s) Damaged?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if air bag module cover flap(s) damaged
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was There Damage To The Air Bag?

- (00) Not equipped/not available
- (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
- (03) Cut
- (04) Torn
- (05) Holed
- (06) Burned
- (07) Abraded
- (88) Other damage (specify):

- (95) Damaged, details unknown
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Source of Air Bag Damage

- (00) Not equipped/not available
- (01) Not damaged
- (02) Object worn by occupant, (specify):
- (03) Object carried by occupant, (specify):
- (04) Adaptive/assistive controls, (specify):

- (05) Fire in vehicle
- (06) Thermal burns
- (07) Rescue or emergency efforts
- (88) Other damage source (specify):

- (95) Damaged, unknown source
- (96) Deployed, unknown if damaged
- (97) Not deployed
- (98) Unknown if deployed
- (99) Unknown

Was The Air Bag Tethered?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of tether straps):
- (3) Deployed, unknown if tethered
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Did The Air Bag Have Vent Ports?

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify number of vent ports):
- (3) Deployed, unknown if vent ports present
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was the Air Bag in this Occupant's Position Contacted by Another Occupant?

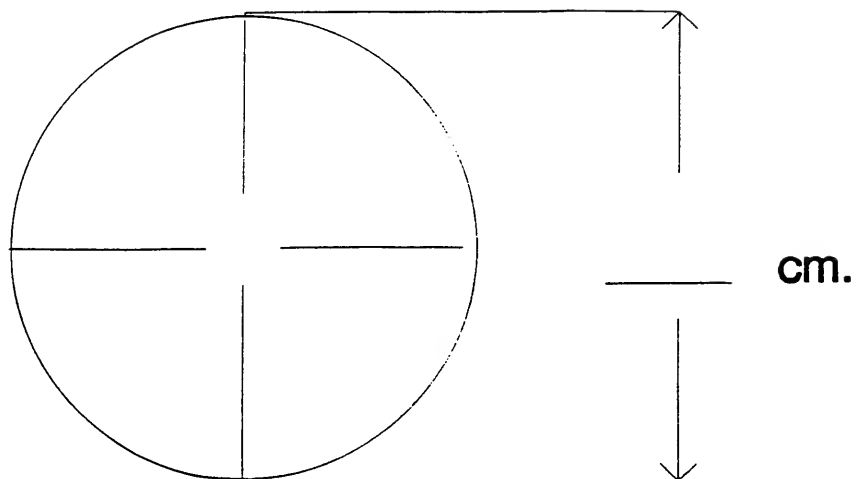
- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):
- (3) Deployed, unknown if other occupant contact to air bag
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

Was This Occupant Wearing Eye-wear?

- (0) Not equipped/not available
- (1) No
- (2) Eyeglasses/sunglasses
- (3) Contact lenses
- (4) Deployed, unknown if eyewear worn
- (7) Not deployed
- (8) Unknown if deployed
- (9) Unknown

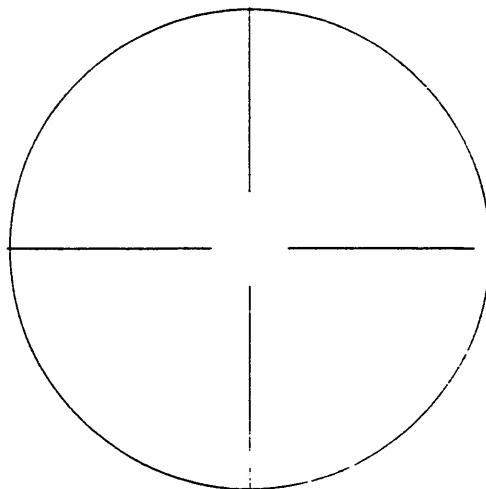
DRIVER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Front)



Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON DRIVER AIR BAG (Back)



DRIVER AIR BAG SKETCHES (Cont'd)

3. DRIVER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

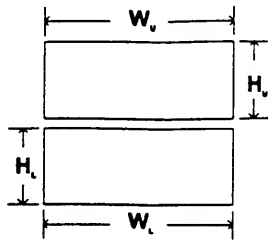
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

height (H_L) _____

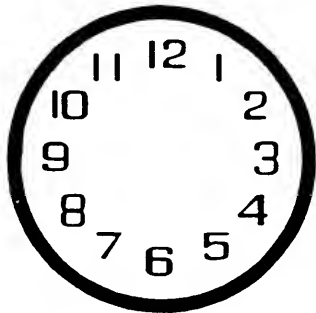


4. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

5. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

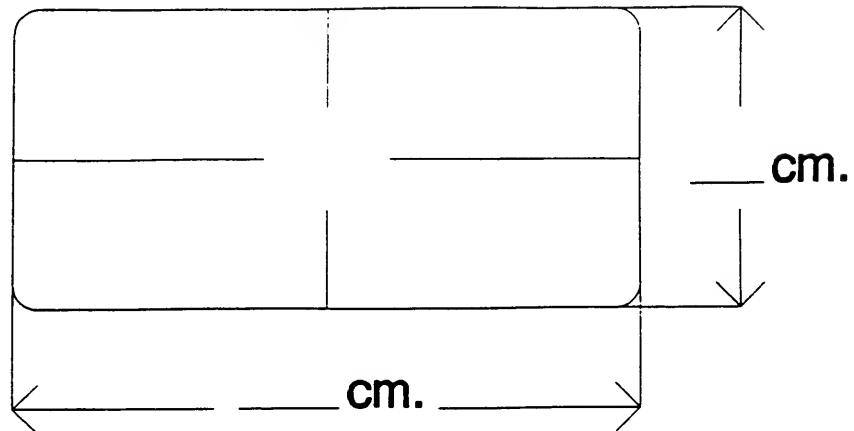
N/A

6. SKETCH LOCATION OF CIRCULAR AIR BAG VENT PORTS



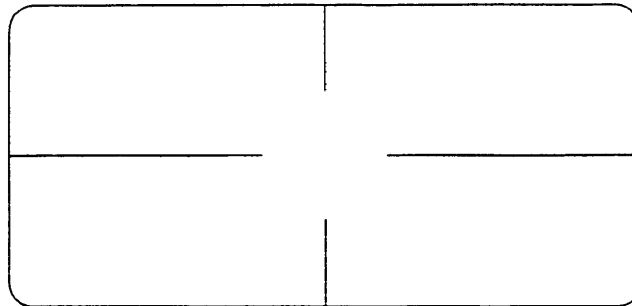
PASSENGER AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Front)



Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON PASSENGER AIR BAG (Back)



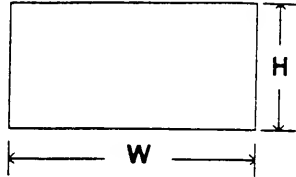
PASSENGER AIR BAG SKETCHES (Cont'd)

3. PASSENGER AIR BAG MODULE COVER FLAP SIZE (SINGLE)

a. Flap

width (W) _____

height (H) _____



4. PASSENGER AIR BAG MODULE COVER FLAP SIZE (DOUBLE)

a. Upper Flap

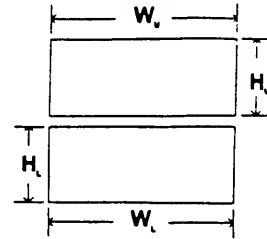
b. Lower Flap

width (W_U) _____

width (W_L) _____

height (H_U) _____

height (H_L) _____

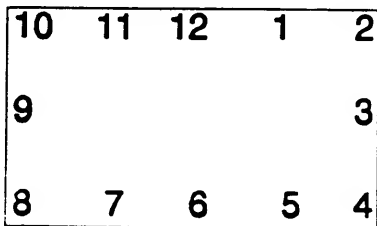


5. SKETCH OF OTHER TYPE OF AIR BAG MODULE FLAP AND SIZE

6. SKETCH OF OTHER TYPE OF AIR BAG VENT PORTS

N/A

7. SKETCH LOCATION OF RECTANGULAR AIR BAG VENT PORTS



"OTHER" AIR BAG DAMAGE AND CONTACT SKETCHES

1. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Front)

Not Applicable!

2. SKETCH DAMAGE AND CONTACT EVIDENCE ON "OTHER" AIR BAG (Back)

"OTHER" AIR BAG SKETCHES (Cont'd)

3. SKETCH AIR BAG MODULE FLAP AND SIZE OR OPENING FOR AIRBAG

N/A

4. SKETCH AIR BAG VENT PORTS

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	1		1
	Seat Type	01		01
	Seat Performance	1		9
	Seat Orientation	1		1
	Seat Track Position	9		9
	Seat Back Incline Pre/Post Impact	01		01
S E C O N D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
T H I R D	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			
O T H E R	Head Restraint Type/Damage			
	Seat Type			
	Seat Performance			
	Seat Orientation			
	Seat Track Position			
	Seat Back Incline Pre/Post Impact			

**DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)**

HEAD RESTRAINTS/SEAT EVALUATION

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other
Specify: _____
- (9) Unknown

Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): _____
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): _____
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____
- (7) Combination of above (specify): _____
- (8) Other (specify): _____
- (9) Unknown

Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): _____
- (9) Unknown

Seat Track Adjusted Position Prior To Impact

- (0) Occupant not seated or no seat
- (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
- (3) Seat between forward most and middle track positions
- (4) Seat at middle track position
- (5) Seat between middle and rear most track positions
- (6) Seat at rear most track position
- (9) Unknown

Seat Back Incline Prior and Post Impact

- (00) Occupant not seated or no seat
- (01) Not adjustable

Upright prior to impact

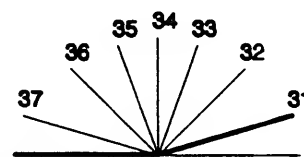
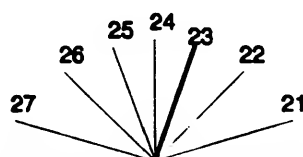
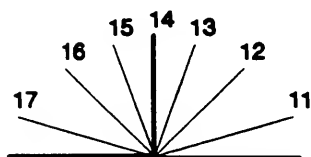
- (11) Moved to completely rearward position
- (12) Moved to rearward midrange position
- (13) Moved to slightly rearward position
- (14) Retained pre-impact position
- (15) Moved to slightly forward position
- (16) Moved to forward midrange position
- (17) Moved to completely forward position

Slightly reclined prior to impact

- (21) Moved to completely rearward position
- (22) Moved to rearward midrange position
- (23) Retained pre-impact position
- (24) Moved to upright position
- (25) Moved to slightly forward position
- (26) Moved to forward midrange position
- (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
- (32) Moved to rearward midrange position
- (33) Moved to slightly rearward position
- (34) Moved to upright position
- (35) Moved to slightly forward position
- (36) Moved to forward midrange position
- (37) Moved to completely forward position
- (99) Unknown



Coding diagrams for Seat Back Incline Position Prior and Post Impact

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE
(I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism:

Component(s):

(Note in vehicle interior diagram)

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number						
1. Type of Child Safety Seat	Not Applicable!					
2. Child Safety Seat Orientation						
3. Child Safety Seat Harness Usage						
4. Child Safety Seat Shield Usage						
5. Child Safety Seat Tether Usage						
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

- | | |
|---|--|
| <p>1. Type of Child Safety Seat</p> <ul style="list-style-type: none"> (0) No child safety seat (1) Infant seat (2) Toddler seat (3) Convertible seat (4) Booster seat (7) Other type child safety seat (specify): _____ (8) Unknown child safety seat type (9) Unknown if child safety seat used <p>2. Child Safety Seat Orientation</p> <ul style="list-style-type: none"> (00) No child safety seat Designed for Rear Facing for This Age/Weight (01) Rear facing (02) Forward facing (08) Other orientation (specify): _____ (09) Unknown orientation Designed for Forward Facing for This Age/Weight (11) Rear facing (12) Forward facing (18) Other orientation (specify): _____ (19) Unknown orientation Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): _____ (29) Unknown orientation (99) Unknown if child safety seat used <p>3. Child Safety Seat Harness Usage</p> | <p>4. Child Safety Seat Shield Usage</p> <p>5. Child Safety Seat Tether Usage
Note: Options Below Are Used for Variables 3-5.</p> <ul style="list-style-type: none"> (00) No child safety seat Not Designed with Harness/Shield/Tether (01) After market harness/shield/tether added, not used (02) After market harness/shield/tether used (03) Child safety seat used, but no after market harness/shield/tether added (09) Unknown if harness/shield/tether added or used Designed With Harness/Shield/Tether (11) Harness/shield/tether not used (12) Harness/shield/tether used (19) Unknown if harness/shield/tether used Unknown If Designed With Harness/Shield/Tether (21) Harness/shield/tether not used (22) Harness/shield/tether used (29) Unknown if harness/shield/tether used (99) Unknown if child safety seat used <p>6. Child Safety Seat Make/Model
(Specify make/model and occupant number)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|---|--|

Appendix F:

NASS CDS INTERVIEW FORM:

CASE VEHICLE DRIVER



INTERVIEW FORM (A)

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9516</u>	
3. Vehicle Number <u>01</u>	

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was going EAST STRAIGHT ACROSS I had stop sign. I wasn't sure of the route the Kids helped me My first time on route. I started from stop looked both ways out of corner of my eye I saw other veh. as she was about to hit. We hit. bus slid side ways almost tipping us over until we hit telephone pole uprighting bus. When we stopped I told Kids to come up to front single file and exit bus. One of Kids ran back to open PASS Door of VAN to get driver out. then he yelled fire.

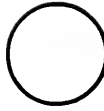
OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

Police told me that the VANS gas line broke from hood being crumpled back. when it went under us. Police SAID if bus tank was empty w/ fumes it would have caught fire All the Kids went out front door.

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

I notice fire looking out RV mirror After we came to stop.

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
In which direction were you traveling?	<input type="checkbox"/> North <input type="checkbox"/> South <input checked="" type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify): _____
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify): _____
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input checked="" type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input checked="" type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 5 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe): _____
Did driver take avoidance actions? <input type="checkbox"/> Yes (Check all that apply) → <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input checked="" type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input checked="" type="checkbox"/> 1-10 10 <input type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted and how this vehicle moved to its stopped position, after the collision?	First one w/ VAN the second one w/ the utility pole.
What race does the driver consider themselves?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES -- ASK THE FOLLOWING QUESTIONS
☒ NO -- SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN -- SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	_____ Number of quarter turns <input type="checkbox"/> Unknown _____ Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☒ YES -- ASK THE FOLLOWING QUESTIONS
☐ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input checked="" type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
Did the fire start with the fuel system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

FIRE started from other vehicle.

ADDITIONAL VEHICLE INFORMATION

<p>IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:</p> <p>What is the year, make and model of your vehicle?</p>	<p>Year: 19 ____</p> <p>Make: _____</p> <p>Model: _____</p>
<p>Was there any damage to the vehicle that is not related to this crash?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes - describe: <i>Front bumper damaged in school bus yard</i></p> <p><input type="checkbox"/> Unknown</p>
<p>Did any of the doors or hatch come open during the crash?</p>	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe:</p> <p><input type="checkbox"/> Unknown</p>
<p>Did any of the windows break during the crash?</p>	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes - describe:</p> <p><input type="checkbox"/> Unknown</p>
<p>Were any windows open (O) or partially open (P) prior to the crash?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes* * "O" = open (P) = partially open <i>every other one.</i></p> <p><input type="checkbox"/> WS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR</p> <p><input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Did the glove compartment door come open during the crash?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe: <i>N/A</i></p> <p><input type="checkbox"/> Unknown</p>
<p>Was there any cargo in the vehicle at the time of the crash?</p>	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe:</p> <p>Approximate weight - _____ pounds</p> <p><input checked="" type="checkbox"/> Unknown <i>26 students + backpacks</i></p>
<p>Approximate mileage on the vehicle?</p>	<p>_____ miles</p> <p><input type="checkbox"/> Unknown</p>
<p>If you have not inspected the vehicle, or permission is needed, ask if you may look at their vehicle to assess the damage and ascertain the following:</p>	<p>Current location of the vehicle: _____</p> <p>Contact person: _____</p>
<p>Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:</p>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>Bus DRIVER</u>
How long have you driven this vehicle?	Years: _____ Months: _____ <u>1 DAY</u>
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>10,000</u> in <u>PRIV VEH</u> <u>28,000</u> in <u>Buses</u>
How often do you drive this particular roadway?	<input type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input checked="" type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>Picking up</u>
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: <u>students</u>

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
<p>Where was this person sitting in the vehicle?</p> <p>Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R)</p> <p>Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)</p>	FRONT LEFT		
<p>What is the Sex, Height, Weight, and Age of each occupant?</p>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'5</u> WEIGHT: <u>140</u> AGE: <u>58</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____
<p>Describe how occupant was seated</p> <p>A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown</p>	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
<p>Describe feet and hands/arms location just prior to impact (indicate all that apply)</p> <p><u>FEET</u></p> <p>A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown</p> <p><u>HANDS / ARMS</u></p> <p>F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown</p>	<p>Indicate all letters that apply and further describe as needed</p> <p>(A)</p> <p>(F)</p>	<p>Indicate all letters that apply and further describe as needed</p>	<p>Indicate all letters that apply and further describe as needed</p>

Describe any additional information here:

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input checked="" type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

☐ No☐ Yes - describe type: _____
(e.g., portable, mounted in vehicle, flip phone, etc.)☐ Unknown*(Note to researcher: try to determine any driver distractions without implying fault)*

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
☐ Was there a moving object in vehicle (specify):
☐ Talking or listening on a cellular phone (specify):
☐ Dialing a cellular phone (specify):
☐ Adjusting climate control (specify):
☐ Adjusting radio, CD or cassette player (specify):
☐ Using other device or object in vehicle (specify):
☐ Sleepy / asleep (specify):
☐ Distracted by outside person, object, or event (specify):
☐ Eating or drinking (specify):
☐ Smoking related (specify):
☐ Other (specify):
☐ Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
SKIP THESE QUESTIONS IF THERE IS NO SEAT BELT AVAILABLE FOR THE OCCUPANT	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts move along a motorized track for this seat?	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts attach to the door such that when the door is opened the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN

What type of belt were you [and other occupant(s)] wearing?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
How was the lap belt situated?	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	<input type="checkbox"/> Low on lap <input type="checkbox"/> Across stomach <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown
How was the shoulder belt situated?	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):

Describe any breaks, tears, or failures to any of the seat belts:

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, with at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, with at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, with at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF <u>NOT</u> REINSTALLED
Type of air bag?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Were you (or any other occupants) injured? > If "YES" go to manikin page and record injuries in detail > If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):

IF ANY INJURIES ARE CHECKED, GO TO THE MANIKIN PAGE(S) FOR DETAIL

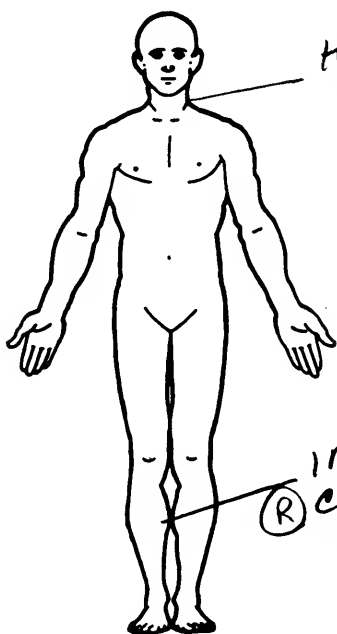
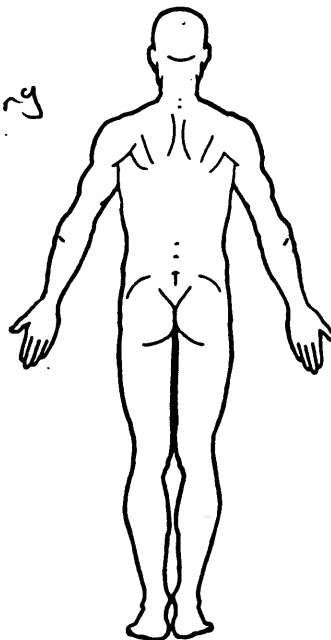
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?	HOSP		
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>see bottom of page</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10 Case Number-Stratum 9516 Vehicle Number 01 Occupant Number 01

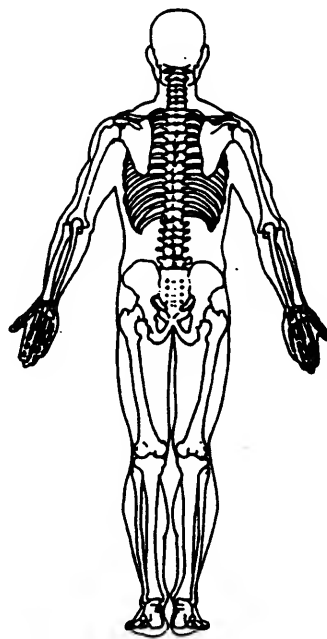
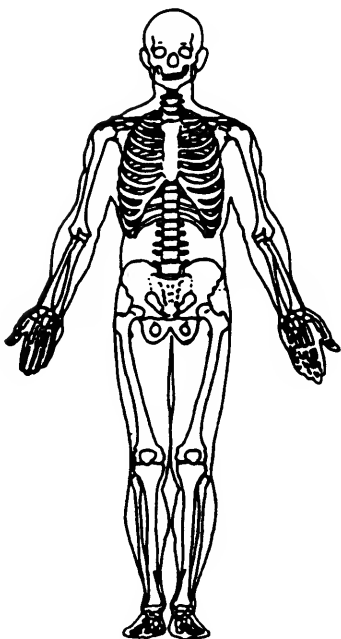
INJURY DATA FROM INTERVIEWEE(S)

Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): DRIVER

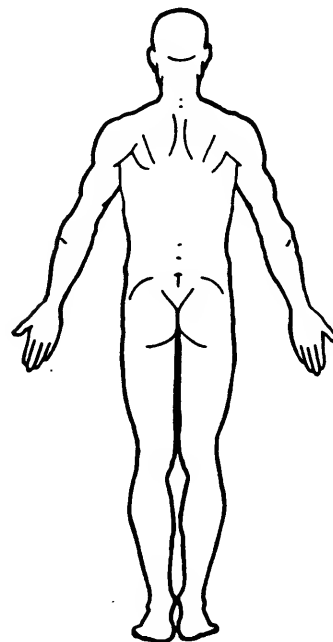
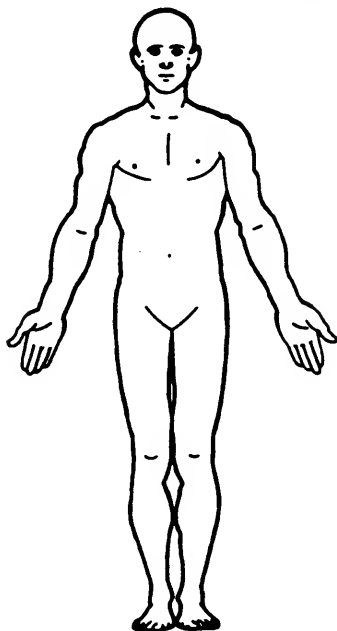
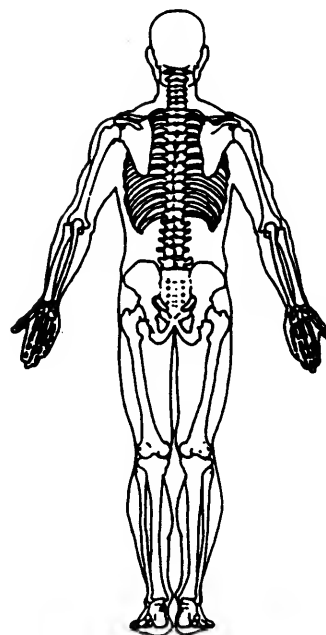
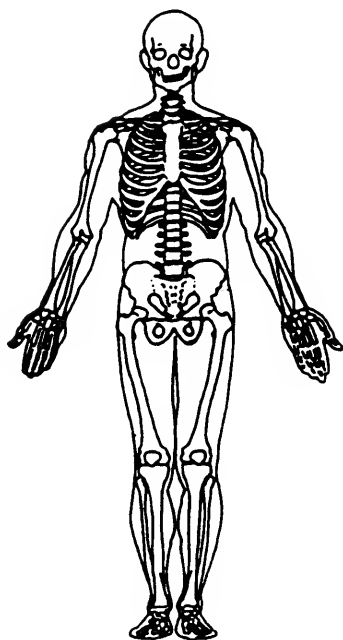
SOFT TISSUE/INTERNAL INJURIES

HAVING
MUSCLE
SPASMS IN
NECK / BACK
3 wks & going(R) INSIDE
CALF
BRUISE
UNK

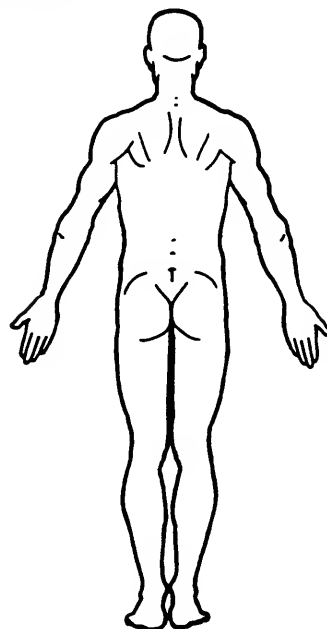
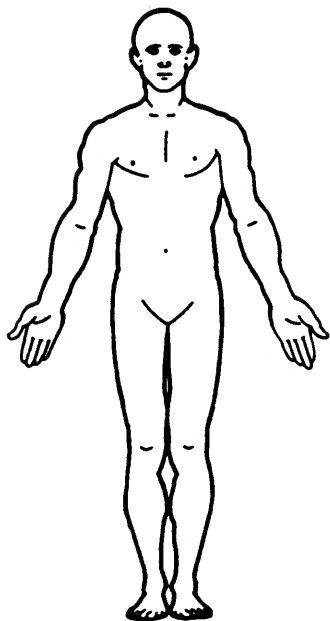
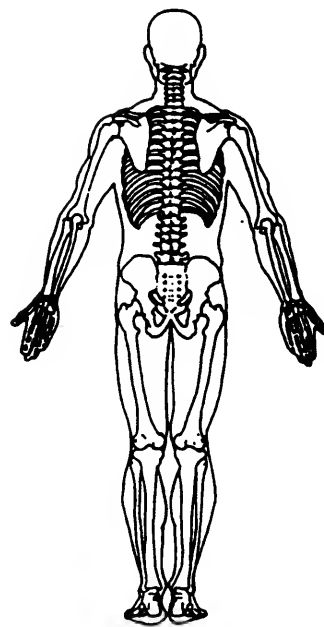
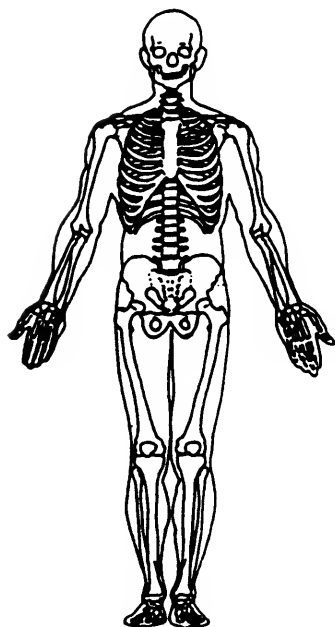
SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix G:

ABBREVIATED NASS CDS INTERVIEW FORMS:

CASE VEHICLE OCCUPANTS

According to the Police Accident Report, nine students on the case vehicle were injured as a result of the crash. Of these nine students, only one had a listed telephone number. This contractor created a abbreviated questionnaire, based on the NASS CDS Interview Form, and mailed one to each of student's parents at the address listed on the Police Accident Report. Only two of the nine questionnaires were returned. None of the questionnaires were returned by the postal service for incorrect address. Both of the returned questionnaires contained a signed medical release.



INTERVIEW FORM SUPPLEMENT

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): _____ _____ _____
2. Case Number - Stratum <u>9516</u>	
3. Vehicle Number <u>01</u>	

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>6</u>	OCCUPANT # _____	OCCUPANT # _____
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other: Third Middle (3M) (SPECIFY in block) Third Right (3R)	SEE backside of page 2. Put x in seat position.		
What is the Sex, Height, Weight, and Age of each occupant? Date of birth ____ month ____ Date '19 ____ yr	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'6</u> WEIGHT: <u>103</u> AGE: <u>12</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>6</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
<p>Describe feet and hands/arms location just prior to impact (indicate all that apply)</p> <p style="text-align: center;"><u>FEET</u></p> <p>A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown</p> <p style="text-align: center;"><u>HANDS / ARMS</u></p> <p>F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown</p>	<p>Indicate all letters that apply and further describe as needed</p> <p style="text-align: center;">A</p> <p style="text-align: center;">K</p>		
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☒ YES -- ASK THE FOLLOWING QUESTIONS
☐ NO -- SKIP THIS SECTION
☐ UNKNOWN -- SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen <i>In the back of bus</i>	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input checked="" type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input checked="" type="checkbox"/> Under the vehicle <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
Did the fire start with the fuel system?	<input type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input checked="" type="checkbox"/> Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

Describe any additional rollover or fire information here:

on fire at time of impact,
Electrical power lines down,

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

PLEASE MARK YOUR CHILD'S SEAT POSITION

Front of School Bus

Driver's Seat	Aisle	Bus Door
<input type="checkbox"/>	First Row	<input type="checkbox"/>
<input type="checkbox"/>	Second Row	<input type="checkbox"/>
<input type="checkbox"/>	Third Row	<input type="checkbox"/>
<input type="checkbox"/>	Fourth Row	<input type="checkbox"/>
<input type="checkbox"/>	Fifth Row	<input type="checkbox"/>
<input type="checkbox"/>	Sixth Row	<input type="checkbox"/>
<input type="checkbox"/>	Seventh Row	<input type="checkbox"/>
<input type="checkbox"/>	Eighth Row	<input type="checkbox"/>
<input type="checkbox"/>	Ninth Row	<input type="checkbox"/>
<input type="checkbox"/>	Tenth Row	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Eleventh Row	<input type="checkbox"/>
	Emergency Door	

Back of School Bus

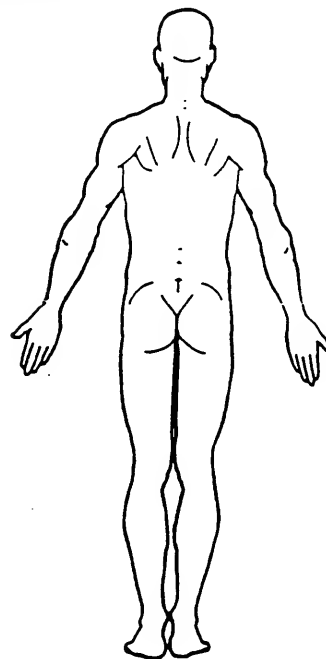
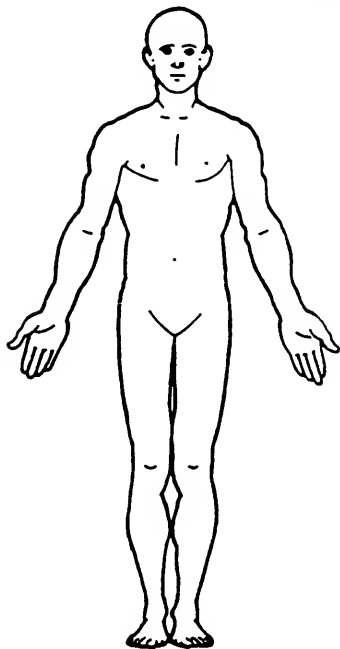
INJURY INFORMATION			
	OCCUPANT # <u>6</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
Were you (or any other occupants) injured? • If "YES" go to manikin page and record injuries in detail • If "NO" ask next questions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: (If any injuries are checked, go to the manikin page and record location, lesion, and source)	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input checked="" type="checkbox"/> Other (specify): <u>back hurts</u>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF OCCUPANT(S) SUSTAINED ANY INJURIES (ANY BOXES CHECKED) DETAIL INJURY LOCATION, LESION AND SOURCE ON THE MANIKIN PAGES			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input checked="" type="checkbox"/> Medical clinic <input checked="" type="checkbox"/> Paramedics at scene <input checked="" type="checkbox"/> Doctor's office <input checked="" type="checkbox"/> Treated by self <u>mom</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?			
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - describe: <u>ice on back/arm</u> <u>no physical Ed.</u> <u>for 5-10 days</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ _____ <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>2</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
* If not an in-person interview, make appointment to have release signed	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____	DATE: _____ TIME: _____ PLACE: _____

PSU Number 10

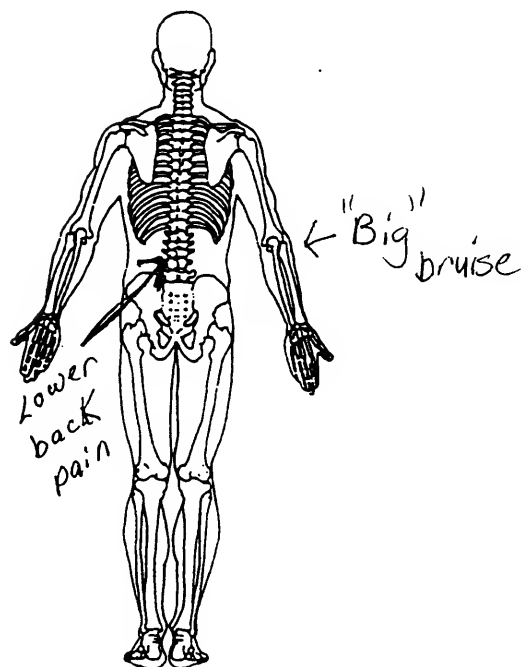
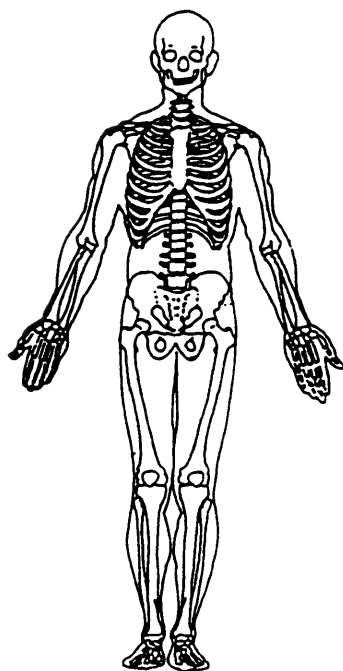
Case Number—Stratum

9516Vehicle Number 01Occupant Number 06**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).



INTERVIEW FORM SUPPLEMENT

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01

Interviewee(s) Role or Name(s): Occupant
+ parent(s)

OCCUPANT DATA QUESTIONS

	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
Where was this person sitting in the vehicle? Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R) Third Left (3L) Other: Third Middle (3M) (SPECIFY in block) Third Right (3R)	SEE backside of page 2. Put X in seat position.		
What is the Sex, Height, Weight, and Age of each occupant? Date of birth _____ month _____ DATE '19 _____ YR	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>4'9"</u> WEIGHT: <u>110 lbs</u> AGE: <u>9</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months _____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: _____ WEIGHT: _____ AGE: _____
Describe how occupant was seated A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

OCCUPANT DATA QUESTIONS (continued)

	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
Describe feet and hands/arms location just prior to impact (indicate all that apply) <u>FEET</u> A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown <u>HANDS / ARMS</u> F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown	Indicate all letters that apply and further describe as needed A J	Indicate all letters that apply and further describe as needed	Indicate all letters that apply and further describe as needed
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

FIRE DATA**DID THIS VEHICLE EXPERIENCE A FIRE?**

- ☒ YES - - ASK THE FOLLOWING QUESTIONS
☐ NO - - SKIP THIS SECTION
☐ UNKNOWN - - SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input type="checkbox"/> Under the hood <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> In the passenger compartment	<input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Under the vehicle <input checked="" type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
Did the fire start with the fuel system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): <input type="checkbox"/> Unknown	
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input type="checkbox"/> Fuel lines <input type="checkbox"/> Engine compartment (specify component if known) <input type="checkbox"/> Unknown	

Describe any additional rollover or fire information here:

National Accident Sampling System-Crashworthiness Data System: Interview Form

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

PLEASE MARK YOUR CHILD'S SEAT POSITION

Front of School Bus

Driver's Seat	Aisle	Bus Door
<input type="checkbox"/>	First Row	<input type="checkbox"/>
<input type="checkbox"/>	Second Row	<input type="checkbox"/>
<input type="checkbox"/>	Third Row	<input type="checkbox"/>
<input type="checkbox"/>	Fourth Row	<input type="checkbox"/>
<input type="checkbox"/>	Fifth Row	<input type="checkbox"/>
<input type="checkbox"/>	Sixth Row	<input type="checkbox"/>
<input type="checkbox"/>	Seventh Row	<input type="checkbox"/>
<input type="checkbox"/>	Eighth Row	<input type="checkbox"/>
<input type="checkbox"/>	Nineth Row	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Tenth Row	<input type="checkbox"/>
<input type="checkbox"/>	Eleventh Row	<input type="checkbox"/>
	Emergency Door	

Back of School Bus

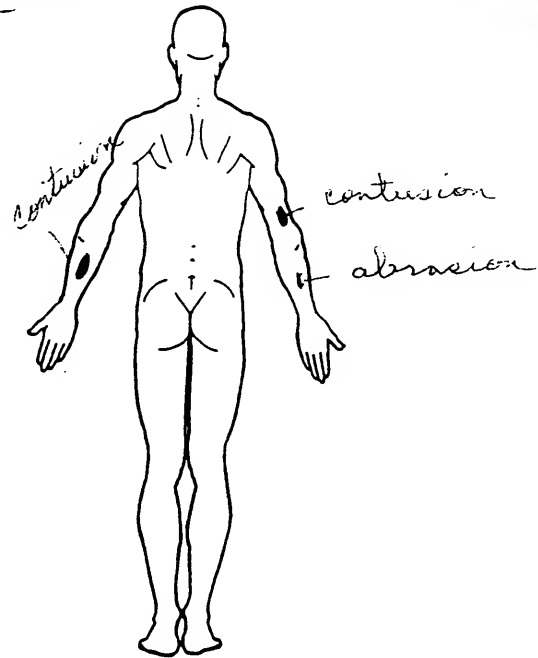
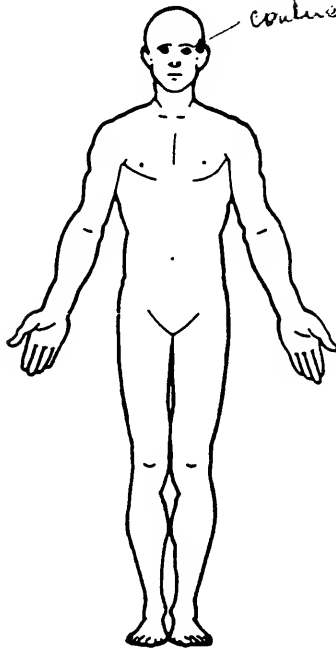
INJURY INFORMATION			
	OCCUPANT # <u>7</u>	OCCUPANT # <u> </u>	OCCUPANT # <u> </u>
<p>Were you (or any other occupants) injured?</p> <p>• If "YES" go to manikin page and record injuries in detail</p> <p>• If "NO" ask next questions</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<p>Did you (or any other occupants) receive any of the following:</p> <p>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</p>	<input type="checkbox"/> Cuts <input checked="" type="checkbox"/> Abrasions <input checked="" type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
<p>IF OCCUPANT/S SUSTAINED ANY INJURIES (ANY BOXES CHECKED) DETAIL INJURY LOCATION, LESION AND SOURCE ON THE MANIKIN PAGE/S</p>			
<p>Did you (or any other occupants) receive any medical treatment?</p> <p>(check all that apply)</p>	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input checked="" type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
<p>Were you (or any other occupants) hospitalized?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
<p>Were you (or any other occupants) treated and released from the emergency room?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
<p>Name of medical treatment facility?</p>			
<p>Have you (or any other occupants) received any follow-up treatment?</p>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: <input type="checkbox"/> Unknown
<p>Have you (or any other occupants) lost any days from work or school (college) due to the crash?</p>	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days <input type="checkbox"/> Unknown
<p>IF REQUIRED: Will you sign a medical release?</p>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown
<p>* If not an in-person interview, make appointment to have release signed</p>	<p>DATE: _____ TIME: _____ PLACE: _____</p>	<p>DATE: _____ TIME: _____ PLACE: _____</p>	<p>DATE: _____ TIME: _____ PLACE: _____</p>

PSU Number 10Case Number—Stratum 9516Vehicle Number 01Occupant Number 07

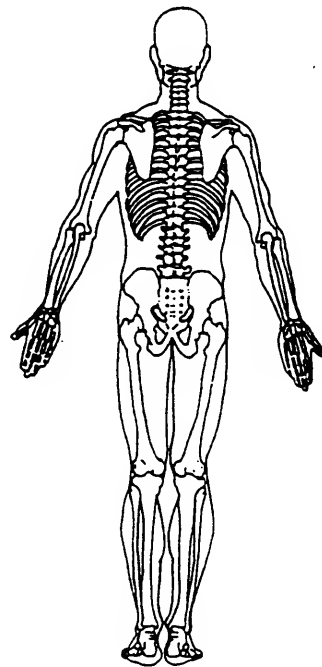
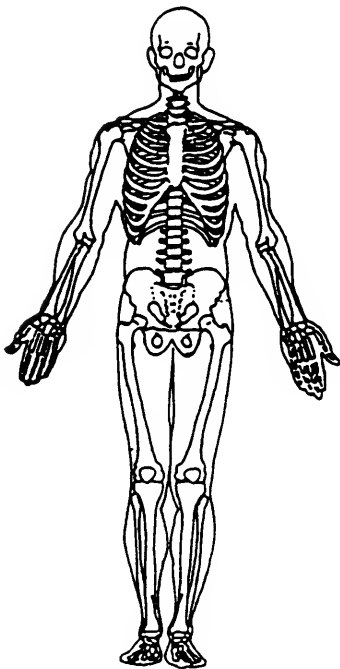
INJURY DATA FROM INTERVIEWEE(S)

Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s):Occupant +
Parent(s)

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES



The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix H:

NASS CDS INTERVIEW FORM:

VEHICLE #2 DRIVER



INTERVIEW FORM (A)

1. Primary Sampling Unit Number <u>10</u>	Interviewee(s) Role or Name(s): <u>DRIVER</u>
2. Case Number - Stratum <u>9516</u>	
3. Vehicle Number <u>02</u>	

Review all available information and interview questions prior to conducting interview(s) to ensure the acquisition of all pertinent data.

If the driver was not the person interviewed, was an appointment made for a follow-up interview?

DRIVER'S DESCRIPTION OF ACCIDENT EVENTS

I was N/B on RD as I
approached intersection the bus pulled out
and kept going across
I was only about 3 car lengths
from intersection when she pulled out.

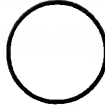
My daughter was following me she saw
tire as soon as I hit.
Hit bus went off corner bus started
to tip hit pole. Bus tipped back on my hood.

I crawled out open (R) front window

OCCUPANT'S DESCRIPTION OF ACCIDENT EVENTS

SPECIFIC QUESTIONS TO ASK INTERVIEWEE

ACCIDENT DIAGRAM



NORTH

The use of this diagram is optional. It may serve to aid in relating interviewee accident trajectory data (i.e., pre-impact to FRP orientations) to identifiable objects in the environment.

CRASH DATA INFORMATION

IF POSSIBLE OBTAIN THIS INFORMATION FROM THE DRIVER:

SOURCE OF INFORMATION:	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Other occupant <input type="checkbox"/> Relative/friend
In which direction were you traveling?	<input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West (Or where were they coming from or going to?)
What lane were you in?	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other Note: lane 1 is the right curb lane
What was the condition of the roadway?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, dirt, oil <input type="checkbox"/> Other (specify): _____
What was the weather like? (Check all that apply)	<input checked="" type="checkbox"/> No adverse conditions <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Hail <input type="checkbox"/> Snow <input type="checkbox"/> Other (specify): _____
Was there any type of sign or signal present? (check all that apply)	<input type="checkbox"/> Traffic control signal (includes flashing beacons, lane control signals, and green / amber / red signal) <input type="checkbox"/> Stop sign <input type="checkbox"/> Yield sign <input type="checkbox"/> School zone sign <input type="checkbox"/> Other regulatory sign (No "U" turn, left turn only, wrong way, etc.) specify: _____ <input type="checkbox"/> Warning sign (Winding road sign, stop ahead, intersection signs, etc.) specify: _____ <input checked="" type="checkbox"/> Miscellaneous control (including railroad controls) specify: _____ <input checked="" type="checkbox"/> None <input type="checkbox"/> Unknown
If a traffic control device was present, was it functioning properly at the time of the crash?	<input checked="" type="checkbox"/> No traffic control device present <input type="checkbox"/> Not functioning properly (includes defaced, badly worn, covered with snow, rotated etc.) specify: _____ <input type="checkbox"/> Functioning properly <input type="checkbox"/> Unknown
Can you estimate your travel speed before the crash? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 30 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Just before the crash, what were you doing or intending to do? (check all that apply)	<input checked="" type="checkbox"/> Going straight <input type="checkbox"/> Stopped <input type="checkbox"/> Turning left <input type="checkbox"/> Turning right <input type="checkbox"/> Slowing <input type="checkbox"/> Accelerating <input type="checkbox"/> Backing <input type="checkbox"/> Changing lanes to right <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Changing lanes to left
Did vehicle lose control due to weather or mechanical problems?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes (describe): _____
Did driver take avoidance actions? <input checked="" type="checkbox"/> Yes (Check all that apply) → <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Braking with lock-up <input type="checkbox"/> Accelerating <input type="checkbox"/> Other (specify): _____ <input checked="" type="checkbox"/> Braking without lock-up <input type="checkbox"/> Steering left <input type="checkbox"/> Releasing brakes <input type="checkbox"/> Steering right
Where was vehicle at time of collision?	<input checked="" type="checkbox"/> Original travel lane <input type="checkbox"/> Different travel lane <input type="checkbox"/> In intersection <input type="checkbox"/> Off roadway to right <input type="checkbox"/> Off roadway to left <input type="checkbox"/> Other (specify): _____
Can you estimate your travel speed at the time of collision? (in mph)	<input type="checkbox"/> Stopped <input type="checkbox"/> 11-20 <input checked="" type="checkbox"/> 25 <input type="checkbox"/> 31-40 <input type="checkbox"/> 51-60 <input type="checkbox"/> 70+ <input type="checkbox"/> 1-10 <input checked="" type="checkbox"/> 21-30 <input type="checkbox"/> 41-50 <input type="checkbox"/> 61-70 <input type="checkbox"/> Unknown
Describe all the impacts to the vehicle, including what the vehicle contacted) and how this vehicle moved to its stopped position, after the collision?	
What race does the driver consider themselves?	<input checked="" type="checkbox"/> White <input type="checkbox"/> American Indian, Eskimo or Aleut, Asian or Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
Is the driver of Hispanic origin?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

VEHICLE INFORMATION

ROLLOVER DATA

DID THIS VEHICLE ROLL OVER DURING THE CRASH?

- ☐ YES - - ASK THE FOLLOWING QUESTIONS
☒ NO - - SKIP TO "FIRE DATA" BELOW
☐ UNKNOWN - - SKIP TO "FIRE DATA" BELOW

Describe where the rollover began	<input type="checkbox"/> On roadway <input type="checkbox"/> On shoulder <input type="checkbox"/> On roadside or median <input type="checkbox"/> Unknown
What caused the vehicle to roll over?	<input type="checkbox"/> Other vehicle (specify vehicle number) _____ <input type="checkbox"/> Contact to object (specify): _____ <input type="checkbox"/> Other cause (specify): _____ <input type="checkbox"/> Unknown
Which direction did the vehicle roll?	<input type="checkbox"/> Toward the right (passenger side) <input type="checkbox"/> Toward the left (driver side) <input type="checkbox"/> End-over-end <input type="checkbox"/> Unknown
Estimate the number of quarter turns (each side) or complete turns (4 quarter turns) the vehicle did	_____ Number of quarter turns <input type="checkbox"/> Unknown _____ Number of complete turns
When the vehicle stopped rolling over, which side was in contact with the ground?	<input type="checkbox"/> Left side <input type="checkbox"/> Top <input type="checkbox"/> Right side <input type="checkbox"/> Wheels <input type="checkbox"/> Unknown

FIRE DATA

DID THIS VEHICLE EXPERIENCE A FIRE?

- ☒ YES - - ASK THE FOLLOWING QUESTIONS
☐ NO - - SKIP THIS SECTION
☐ UNKNOWN - - SKIP THIS SECTION

Describe where the fire started, or where the smoke was first seen	<input checked="" type="checkbox"/> Under the hood <input type="checkbox"/> In the trunk/cargo area <input type="checkbox"/> Behind the instrument panel <input type="checkbox"/> Under the vehicle <input type="checkbox"/> In the passenger compartment <input type="checkbox"/> From other involved vehicle <input type="checkbox"/> Unknown
Did the fire start with the electrical system?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
Did the fire start with the fuel system?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify): _____ <input type="checkbox"/> Unknown
ASK IF THE FIRE INVOLVED THE FUEL SYSTEM Which part of the fuel system may have been involved?	<input type="checkbox"/> Fuel tank <input checked="" type="checkbox"/> Fuel lines <input checked="" type="checkbox"/> Engine compartment (specify component if known) _____ <input type="checkbox"/> Unknown

Describe any additional rollover or fire information here:

started almost simultaneously to impact.

ADDITIONAL VEHICLE INFORMATION

<p>IF THIS VEHICLE HAS NOT BEEN INSPECTED ASK THIS QUESTION:</p> <p>What is the year, make and model of your vehicle?</p>	<p>Year: 19 ____</p> <p>Make: _____</p> <p>Model: _____</p>
Was there any damage to the vehicle that is not related to this crash?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe: _____</p> <p><input type="checkbox"/> Unknown</p>
Did any of the doors or hatch come open during the crash?	<p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe: _____</p> <p><input type="checkbox"/> Unknown</p>
Did any of the windows break during the crash?	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes - describe: <i>windshield</i></p> <p><input type="checkbox"/> Unknown</p>
Were any windows open (O) or partially open (P) prior to the crash?	<p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes* * "O" = open "P" = partially open</p> <p> <input type="checkbox"/> WS <input type="checkbox"/> LF <input checked="" type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR <input type="checkbox"/> BL <input type="checkbox"/> Roof <input type="checkbox"/> Other </p> <p><input type="checkbox"/> Unknown</p>
Did the glove compartment door come open during the crash?	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe: _____</p> <p><input checked="" type="checkbox"/> Unknown</p>
Was there any cargo in the vehicle at the time of the crash?	<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes - describe: _____</p> <p>Approximate weight - _____ pounds</p> <p><input type="checkbox"/> Unknown <i>All my daughters clothes</i></p>
Approximate mileage on the vehicle?	<p>_____ miles <i>Appliances, everything</i></p> <p><input type="checkbox"/> Unknown</p>
<p>If you have not inspected the vehicle, or permission is needed, ask if you may look at their vehicle to assess the damage and ascertain the following:</p>	<p>Current location of the vehicle: _____</p> <p>Contact person: _____</p>
<p>Detail any notes, questions to ask interviewee (i.e., rescue personnel damage to vehicle) or directions to vehicle location here:</p>	

SPECIAL CRASH INVESTIGATION ADDENDUM: DRIVER INFORMATION	
Do you recall the type of development in the area of the crash?	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Agricultural <input type="checkbox"/> Undeveloped <input type="checkbox"/> School <input type="checkbox"/> Other: _____
What were the weather conditions at the time of the crash?	<input checked="" type="checkbox"/> Clear (no clouds, no precipitation) <input type="checkbox"/> Cloudy (partially cloudy, no precipitation) <input type="checkbox"/> Overcast (full cloud cover, no precipitation) <input type="checkbox"/> Precipitating <input type="checkbox"/> Unknown
What was the type of precipitation?	<input checked="" type="checkbox"/> No precipitation <input type="checkbox"/> Unknown <input type="checkbox"/> Raining <input type="checkbox"/> Freezing rain <input type="checkbox"/> Sleet <input type="checkbox"/> Snowing <input type="checkbox"/> Hailing
What was the condition of the road surface?	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy, slushy <input type="checkbox"/> Icy <input type="checkbox"/> Other (e.g., sand, dirt, oil on surface, etc.) <input type="checkbox"/> Unknown
How would you describe the amount of traffic at the time of the crash?	<input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No other traffic present
What is your occupation?	<input type="checkbox"/> Professional <input type="checkbox"/> Technical <input type="checkbox"/> Government official <input type="checkbox"/> Management <input type="checkbox"/> Proprietors <input type="checkbox"/> Sales <input type="checkbox"/> Clerical <input type="checkbox"/> Craftsman and foreman <input type="checkbox"/> Service worker <input type="checkbox"/> Student <input type="checkbox"/> Farmers and farm-managers <input type="checkbox"/> Farm labors and foreman <input type="checkbox"/> Private household worker <input type="checkbox"/> Housewife <input type="checkbox"/> Other: <u>marketing show Dogs</u>
How long have you driven this vehicle?	Years: <u>3</u> Months: _____
How many miles do you think that you have driven it in the last 12-month period?	Miles: <u>5000</u>
How often do you drive this particular roadway?	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Twice weekly <input type="checkbox"/> Once weekly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly <input type="checkbox"/> Very infrequently <input type="checkbox"/> First time on road
Where were you coming from just prior to the crash?	<input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____
Where were you intending to go when the crash occurred?	<input type="checkbox"/> Home <input type="checkbox"/> Work <input checked="" type="checkbox"/> School <u>College</u> <input type="checkbox"/> Shopping <input type="checkbox"/> Social/recreational <input type="checkbox"/> Restaurant <input type="checkbox"/> Personal business <input type="checkbox"/> Other: _____

OCCUPANT DATA QUESTIONS

How many people were in your vehicle at the time of the crash?

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
<p>Where was this person sitting in the vehicle?</p> <p>Front Left (FL) Second Left (2L) Front Middle (FM) Second Middle (2M) Front Right (FR) Second Right (2R)</p> <p>Third Left (3L) Other (SPECIFY in block) Third Middle (3M) Third Right (3R)</p>	FRONT LEFT		
<p>What is the Sex, Height, Weight, and Age of each occupant?</p>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: <u>5'7</u> WEIGHT: <u>145</u> AGE: <u>48</u>	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____	<input type="checkbox"/> M <input type="checkbox"/> F - Not pregnant <input type="checkbox"/> F - Pregnant - # of months ____ <input type="checkbox"/> F - Unk. if pregnant HEIGHT: ____ WEIGHT: ____ AGE: ____
<p>Describe how occupant was seated</p> <p>A) Kneeling or standing on seat B) Lying on or across seat C) Kneeling, standing or sitting in front of seat D) Sitting sideways, turned to side or back E) Sitting on console F) Lying back in reclined position G) Other (specify) H) Unknown</p>	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input checked="" type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above	<input type="checkbox"/> Leaning to left <input type="checkbox"/> Leaning to right <input type="checkbox"/> Sitting upright <input type="checkbox"/> Unknown Indicate all letters that apply and describe if other than above
<p>Describe feet and hands/arms location just prior to impact (indicate all that apply)</p> <p><u>FEET</u></p> <p>A) On floor or foot controls B) One or both on dash C) One or both on seat D) Other (specify) E) Unknown</p> <p><u>HANDS / ARMS</u></p> <p>F) Both hands on steering wheel G) One on wheel, other hand resting or adjusting a control (specify hand on wheel and control involved) H) Dialing a cellular phone (specify location and type of phone) I) Holding a cellular phone (specify location and type of phone) J) Bracing with one or both hands K) On lap L) One or both out of window (specify) M) Other (specify) N) Unknown</p>	<p>Indicate all letters that apply and further describe as needed</p> <p>Both on BRAKE (A) at first</p> <p>F</p>	<p>Indicate all letters that apply and further describe as needed</p>	<p>Indicate all letters that apply and further describe as needed</p>

Describe any additional information here:

OCCUPANT DATA CONTINUED ON NEXT PAGE

OCCUPANT DATA QUESTIONS (continued)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was your / their back up against the seat back?	<input type="checkbox"/> No (describe) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No (describe) <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat track, if so where was the seat located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Seat all the way forward <input type="checkbox"/> Between forward and middle <input type="checkbox"/> At middle position <input type="checkbox"/> Between middle and rear position <input type="checkbox"/> Seat all the way rearward <input type="checkbox"/> Unknown
Does this seat position have an adjustable seat back, if so where was the seat back located prior to impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely reclined
If this seat position has an adjustable seat back, where was the seat back located after impact?	<input checked="" type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown	<input type="checkbox"/> Not adjustable <input type="checkbox"/> Did not move (retained original position) <input type="checkbox"/> Completely reclined <input type="checkbox"/> Slightly reclined <input type="checkbox"/> Completely upright <input type="checkbox"/> Slightly forward of upright <input type="checkbox"/> Completely forward <input type="checkbox"/> Unknown

Did this vehicle have a cellular phone in it during the crash?

☒ No

☐ Yes - describe type: _____

(e.g., portable, mounted in vehicle, flip phone, etc.)

☐ Unknown

(Note to researcher: try to determine any driver distractions without implying fault)

Was the driver doing any of the following? (check all that apply - and specify)

- ☐ Talking to or listening to another occupant (specify):
- ☐ Was there a moving object in vehicle (specify):
- ☐ Talking or listening on a cellular phone (specify):
- ☐ Dialing a cellular phone (specify):
- ☐ Adjusting climate control (specify):
- ☐ Adjusting radio, CD or cassette player (specify):
- ☐ Using other device or object in vehicle (specify):
- ☐ Sleepy / asleep (specify):
- ☐ Distracted by outside person, object, or event (specify):
- ☐ Eating or drinking (specify):
- ☐ Smoking related (specify):
- ☐ Other (specify):
- ☐ Unknown

Describe any additional information here:

RESTRAINT INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Describe the seat belt available for the seat position NOTE: If a belt is not available for a seat position – describe if removed or not functional.	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input checked="" type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:	<input type="checkbox"/> Unknown <input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Not available * * Describe:
Do any of the belts have a motorized track (retractor)?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", were they working properly? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe):
Do any of the belts attach to the floor such that when the door is opened the belt travels with the door?	<input type="checkbox"/> Unknown <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both	<input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes * * If "Yes", does it cross: <input type="checkbox"/> Chest <input type="checkbox"/> Lap <input type="checkbox"/> Both
Were you [and other occupant(s)] wearing a seat belt during the accident?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
SKIP THE FOLLOWING IF NO SEAT BELT WAS WORN			
What type of belt were you and other occupant(s) wearing?	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown	<input type="checkbox"/> Lap belt <input type="checkbox"/> Shoulder belt <input type="checkbox"/> Lap & Shoulder <input type="checkbox"/> Unknown
How was the lap belt situated?	<input type="checkbox"/> Over the hip <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the hip <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the hip <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):
How was the shoulder belt situated?	<input type="checkbox"/> Over the shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Over the shoulder <input type="checkbox"/> Under the arm <input type="checkbox"/> Behind back <input type="checkbox"/> Behind seat <input type="checkbox"/> Other (specify):
Describe any breaks, tears, or failures to any of the seat belts:			

EJECTION, ENTRAPMENT, MOBILITY INFORMATION

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Was any part of your body thrown outside the vehicle during the crash?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.	<input type="checkbox"/> No <input type="checkbox"/> Yes * <input type="checkbox"/> Unknown * If "Yes" - what part(s) were ejected, and what area of the vehicle was involved.
Was anyone pinned in the vehicle?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment	<input type="checkbox"/> No <input type="checkbox"/> Yes ___ physically pinned ___ jammed doors ___ fire, etc. <input type="checkbox"/> Unknown Detail any entrapment
How did you [and other occupant(s)] exit the vehicle?	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input checked="" type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown	<input type="checkbox"/> Fatal before removed <input type="checkbox"/> Removed while unconscious or disoriented <input type="checkbox"/> Removed due to injuries <input type="checkbox"/> Exited with some assistance <input type="checkbox"/> Exited under own power <input type="checkbox"/> Fully ejected <input type="checkbox"/> Unknown

Further describe any ejection, entrapment, or mobility information here:

CRAWLED out (R) PASS window

AIR BAG INFORMATION

WAS THIS VEHICLE EVER EQUIPPED WITH AN AIR BAG?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER SIDE FRONTAL	PASSENGER SIDE FRONTAL OCCUPANT # ____	"OTHER" AIR BAG SPECIFY: _____ OCCUPANT # ____
Had this vehicle been in any previous crashes? <input type="checkbox"/> NO <input type="checkbox"/> YES - continue to right <input type="checkbox"/> UNKNOWN - go to box below	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED	<input type="checkbox"/> Prior crash <u>without</u> deployment <input type="checkbox"/> One prior crash <u>with</u> deployment <input type="checkbox"/> > 1, <u>with</u> at least one deployment <input type="checkbox"/> Previous accident(s) unknown if deployed IF PRIOR DEPLOYMENT <input type="checkbox"/> CHECK IF NOT REINSTALLED
Type of air bag?	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown	<input type="checkbox"/> Original equipment <input type="checkbox"/> Retrofitted <input type="checkbox"/> Replacement <input type="checkbox"/> Unknown
Had any prior maintenance / service been performed on the air bag system?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Did the air bag inflate during this crash?	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	<input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No If "NO" was the wiring disconnected prior to the crash? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
Was the person in this position wearing any type of eye-wear? (Eyeglasses, sunglasses, contact lenses)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:
Was the air bag in this position contacted by another occupant?	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:	<input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes - Specify:

Describe any additional information here:

CHILD SAFETY SEAT INFORMATION

WAS THERE A PERSON IN A CHILD SAFETY SEAT IN THIS VEHICLE?

☐ YES (IF "YES" COMPLETE THIS SECTION)☒ NO ☐ UNKNOWN (IF "NO" OR "UNKNOWN" SKIP THIS SECTION)

	DRIVER	OCCUPANT # ____	OCCUPANT # ____
Manufacturer and model of the safety seat?			
Type of safety seat?		<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Convertible <input type="checkbox"/> Booster <input type="checkbox"/> Integral <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown
What direction was it facing prior to the crash?		<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown	<input type="checkbox"/> Front <input type="checkbox"/> Rearward <input type="checkbox"/> Unknown
Was a seat belt used to hold the seat in place?		<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
How was the seat belt secured to the child seat?		<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> Looped through designated rear framing studs <input type="checkbox"/> Looped through arm rest slots <input type="checkbox"/> Belt across safety shield <input type="checkbox"/> Looped through rear frame outside the designated framing struts <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
What was the safety seat equipped with at time of purchase?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> Unknown
Were any of these added after they owned the safety seat?		<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown	<input type="checkbox"/> Harness <input type="checkbox"/> Shield <input type="checkbox"/> Tether <input type="checkbox"/> None <input type="checkbox"/> Unknown

Describe any additional information here:

INJURY INFORMATION

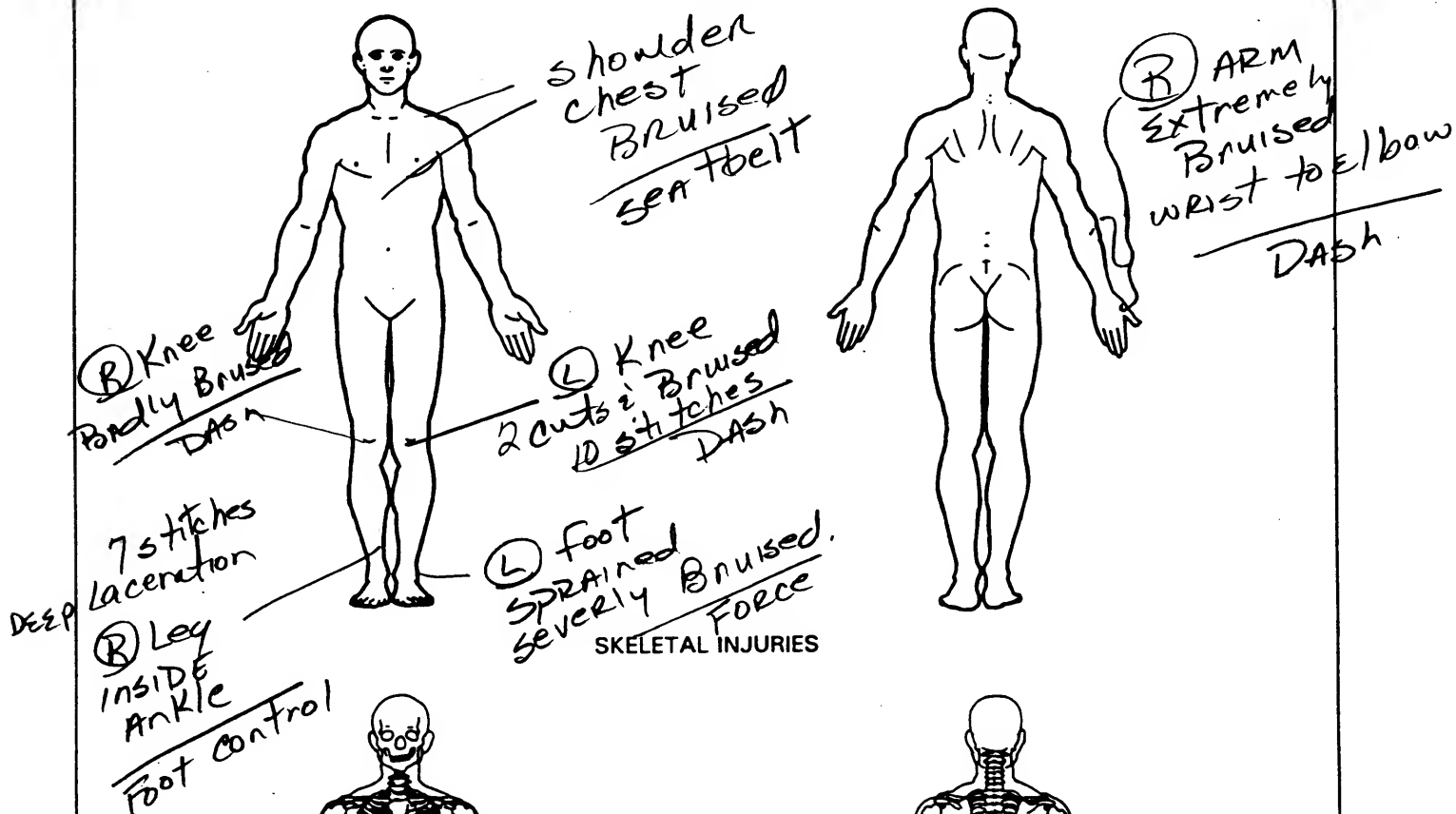
	DRIVER	OCCUPANT # _____	OCCUPANT # _____
Were you (or any other occupants) injured? <i>• If "YES" go to manikin page and record injuries in detail</i> <i>• If "NO" ask next questions</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did you (or any other occupants) receive any of the following: <i>(If any injuries are checked, go to the manikin page and record location, lesion, and source)</i>	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):	<input type="checkbox"/> Cuts <input type="checkbox"/> Abrasions <input type="checkbox"/> Bruises <input type="checkbox"/> Broken bones <input type="checkbox"/> Head, skull, brain <input type="checkbox"/> Internal injury <input type="checkbox"/> Sprains, strains <input type="checkbox"/> Other (specify):
IF ANY OF THE ABOVE ARE CHECKED, GO TO THE MANIKIN PAGE(S)			
Did you (or any other occupants) receive any medical treatment? (check all that apply)	<input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown	<input type="checkbox"/> Hospital <input type="checkbox"/> Medical clinic <input type="checkbox"/> Paramedics at scene <input type="checkbox"/> Doctor's office <input type="checkbox"/> Treated by self <input type="checkbox"/> Unknown
Were you (or any other occupants) hospitalized?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
Were you (or any other occupants) treated and released from the emergency room?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Name of medical treatment facility?	Hosp		
Have you (or any other occupants) received any follow-up treatment?	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Yes - describe: _____ <input type="checkbox"/> Unknown
Have you (or any other occupants) lost any days from work or school (college) due to the crash?	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input checked="" type="checkbox"/> Yes - number of days <u>13</u> <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown	<input type="checkbox"/> No <input type="checkbox"/> Not working prior to crash <input type="checkbox"/> Yes - number of days _____ <input type="checkbox"/> Unknown
IF REQUIRED: Will you sign a medical release? <i>* If not an in-person interview, make appointment to have release signed</i>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes* <input type="checkbox"/> Unknown DATE: _____ TIME: _____ PLACE: _____

PSU Number 10Case Number-Stratum 9516Vehicle Number 02Occupant Number 01

INJURY DATA FROM INTERVIEWEE(S)

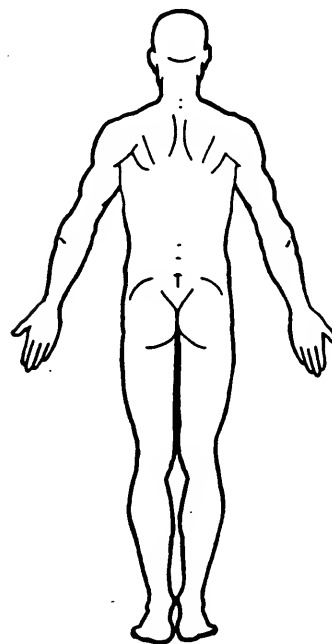
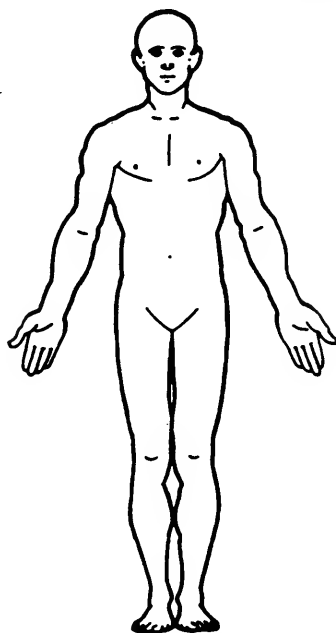
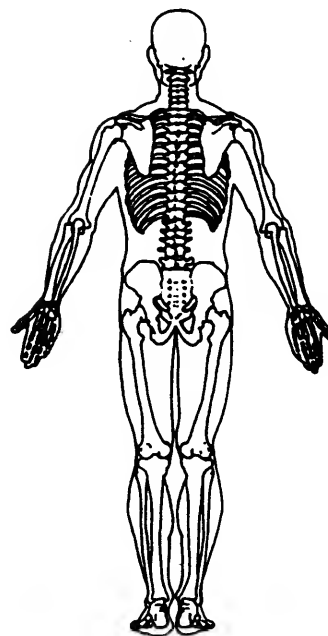
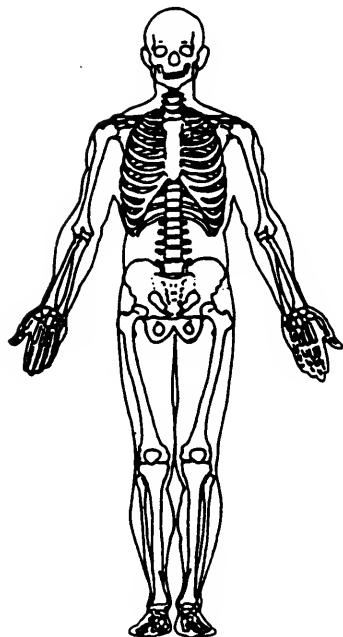
Indicate the Location, Lesion, Detail, and Source of all injuries. Specify interviewee(s): _____

SOFT TISSUE/INTERNAL INJURIES



SKELETAL INJURIES

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10 Case Number—Stratum _____ Vehicle Number _____ Occupant Number _____**INJURY DATA FROM INTERVIEWEE(S)**Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

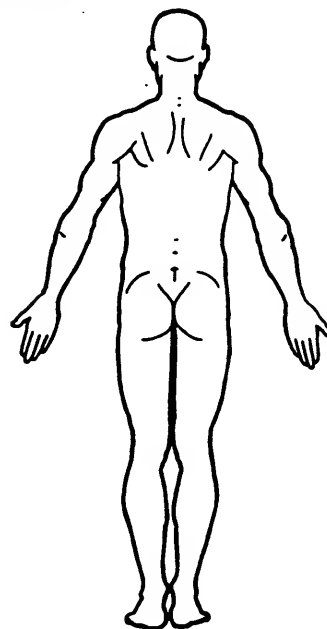
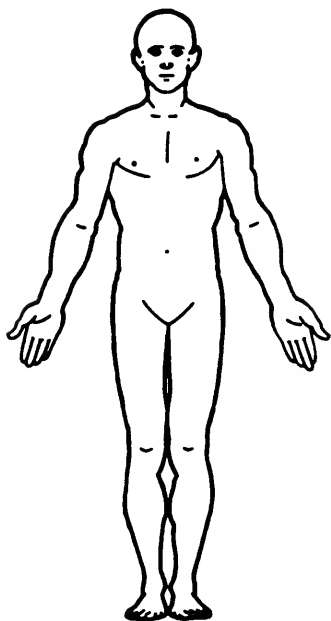
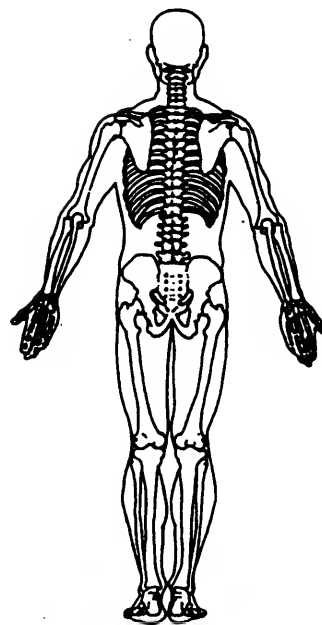
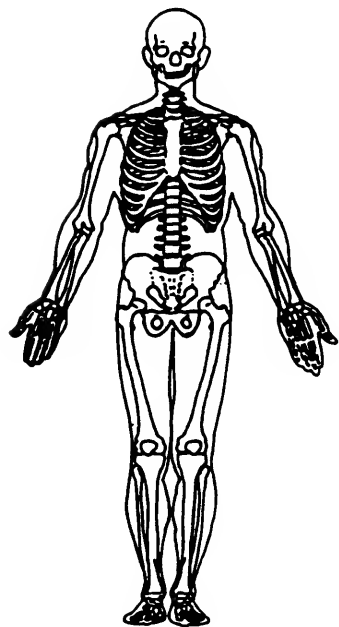
The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

PSU Number 10

Case Number—Stratum _____

Vehicle Number _____

Occupant Number _____

INJURY DATA FROM INTERVIEWEE(S)Indicate the *Location, Lesion, Detail, and Source* of all injuries. Specify interviewee(s): _____**SOFT TISSUE/INTERNAL INJURIES****SKELETAL INJURIES**

The space provided on the back of this page may be used to further detail injuries noted by the interviewee(s).

Appendix I:

NASS CDS OCCUPANT ASSESSMENT FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest
centimeter.

(999) Unknown

65 inches X 2.54 = 165 centimeters

8. Occupant's Weight

Code actual weight to the nearest
kilogram.

(999) Unknown

140 pounds X .4536 = 63.5 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 0

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt *No upper*
- (3) Lap belt
- (4) Lap and shoulder belt *anchorage*
- (5) Belt available—type unknown *attachment*

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 03

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 9

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes 9

During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes 0

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor

- (7) Combination of above (specify):

- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- [] Not equipped/not available/destroyed or rendered inoperative
 [] Vehicle inspection
 [] Official injury data
 [] Driver/occupant interview
 [] Other (specify):

☒ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact + 000

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):

(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

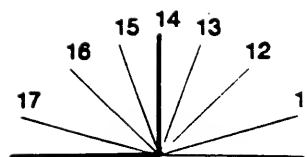
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 2
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

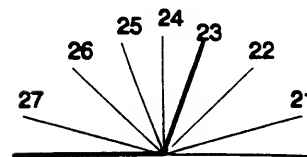
- (00) Occupant not seated or no seat
(01) Not adjustable

Upright prior to impact

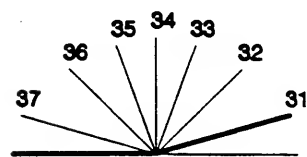
- (11) Moved to completely rearward position
(12) Moved to rearward midrange position
(13) Moved to slightly rearward position
(14) Retained pre-impact position
(15) Moved to slightly forward position
(16) Moved to forward midrange position
(17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
(22) Moved to rearward midrange position
(23) Retained pre-impact position
(24) Moved to upright position
(25) Moved to slightly forward position
(26) Moved to forward midrange position
(27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
(32) Moved to rearward midrange position
(33) Moved to slightly rearward position
(34) Moved to upright position
(35) Moved to slightly forward position
(36) Moved to forward midrange position
(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
(1) No seat performance failure(s)
(2) Seat adjusters failed
(3) Seat back folding locks or "seat back" failed
(specify): _____
(4) Seat track/anchors failed
(5) Deformed by impact of occupant
(6) Deformed by passenger compartment intrusion, (specify): _____
(7) Combination of above (specify): _____
(8) Other (specify): _____
(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model

000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat

0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation

00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage

00

59. Child Safety Seat Shield Usage

00

60. Child Safety Seat Tether Usage

00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 0

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 6

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 5

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 00

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

FIRE**STOP WORK HERE****VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 02

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 1

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used

Appendix J:

NASS CDS OCCUPANT INJURY FORM:

CASE VEHICLE DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>01</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Cervical strain 1st	5. <u>7</u>	6. <u>6</u>	7. <u>4</u>	8. <u>02</u>	9. <u>78</u>	10. <u>1</u>	11. <u>6</u>	12. <u>603</u>	13. <u>3</u>	14. <u>3</u>	15. <u>00</u>
Contusion 2nd medial lower leg	16. <u>7</u>	17. <u>8</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>163</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

			A.I.S. - 90						Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
12th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
13th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
14th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
15th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
16th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
17th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
18th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
19th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
20th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
21st	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
22nd	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
23rd	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
24th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —
25th	—	—	—	— —	— — —	—	—	— — — —	—	—	— —

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive	(1) Right
(2) Face		two-digit numbers beginning with 02.	(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure.	(5) Anterior
(6) Spine		99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion	(1) Minor Injury	
(2) Vessels	(04) Skin - Contusion	(2) Moderate Injury	
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(4) Severe Injury	
(5) Skeletal (includes joints)	(10) Amputation	(5) Critical Injury	
(6) Head - LOC	(20) Burn	(6) Maximum (untreatable)	
(9) Skin	(30) Crush	(7) Injured, unknown severity	
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

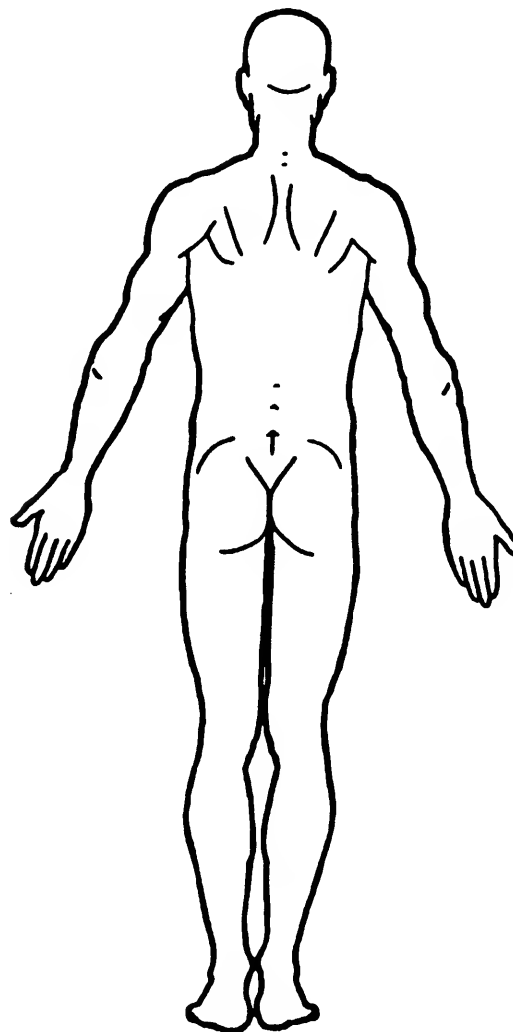
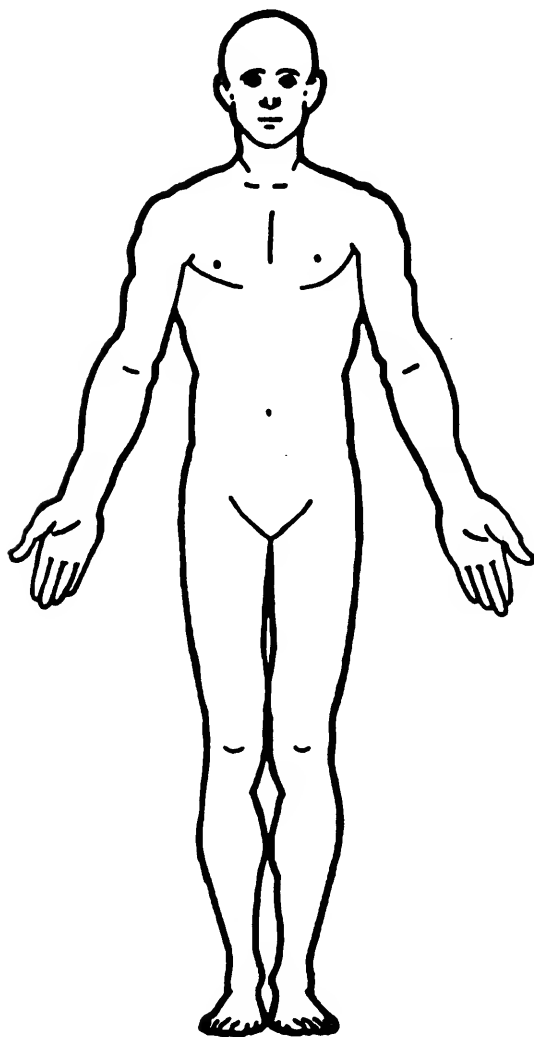
CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA -- SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale Score

GCSS = ___

Units of Blood
Given

Units = ___

Arterial Blood
Gases

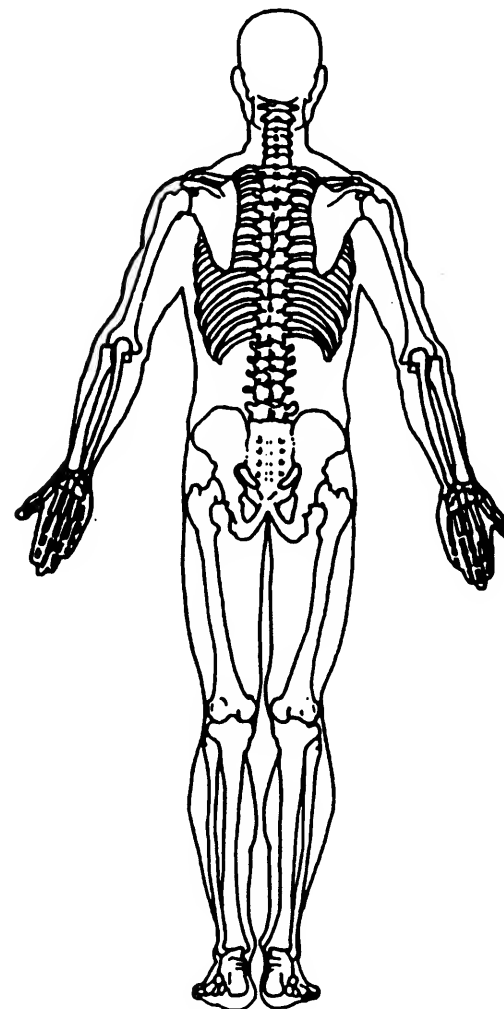
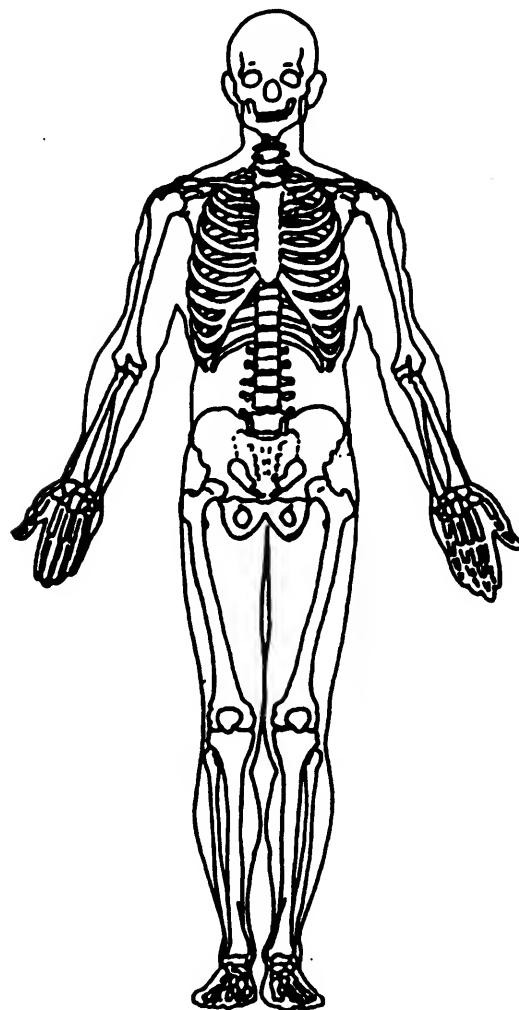
pH = ___

PO₂ = ___

PCO₂ = ___

HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____

(163) Other interior object (specify):
Interleg contact of same occupant

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

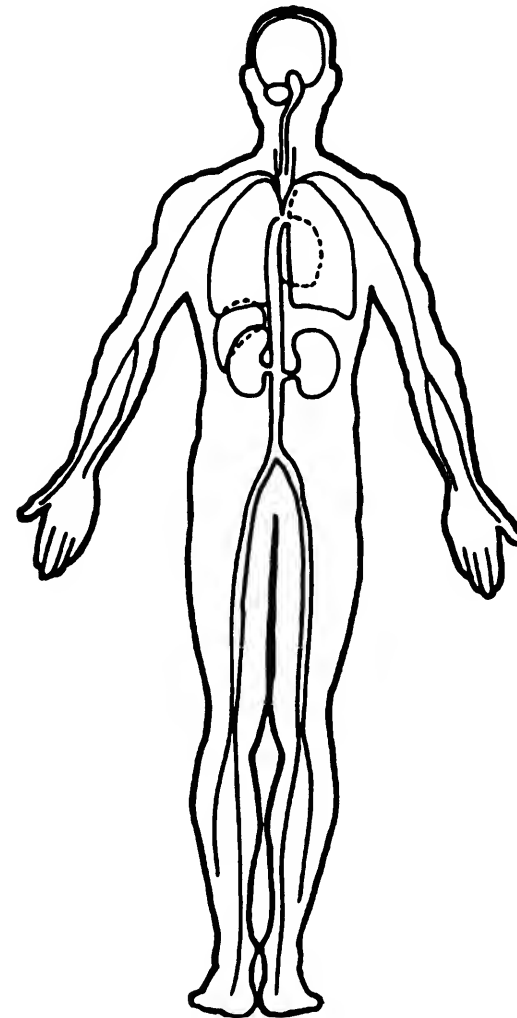
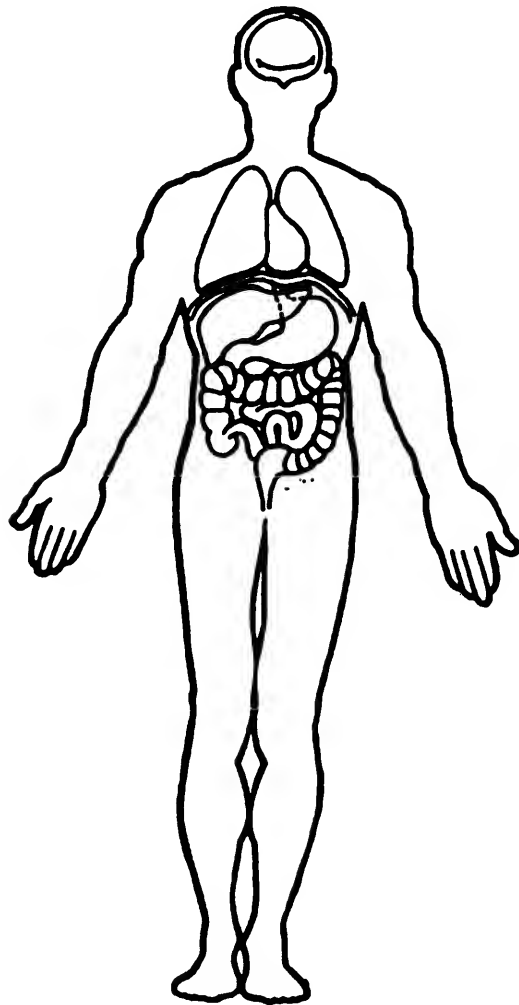
- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



CAUSE OF DEATH

ICD-9-CM

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified		

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
PX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

Appendix K:

NASS CDS OCCUPANT ASSESSMENT FORMS:

CASE VEHICLE OCCUPANTS



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 02

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 07
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters
8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999) Unknown

____ pounds X .4536 = ____ kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 99
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant
- (97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 9
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

0

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes 0

During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes 0

During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>0</u></p> <p>(0) None used (1) Police did not indicate belt use (2) Shoulder belt (3) Lap belt (4) Lap and shoulder belt (5) Belt used, type not specified (6) Child safety seat (7) Automatic belt (8) Other type belt, (specify): (9) Police indicated "unknown"</p> <p>29. Police Reported Air Bag Availability/Function <u>1</u></p> <p>(0) No air bag available (1) Police did not indicate air bag availability/function (2) Deployed (3) Not deployed (4) Unknown if deployed (9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown</p> <p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative <input type="checkbox"/> Vehicle inspection <input type="checkbox"/> Official injury data <input type="checkbox"/> Driver/occupant interview <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) Air bag <i>Non-functional</i> (2) Air bag disconnected (specify): (3) Air bag not reinstalled (9) Unknown <i>Specify type of "other" air bag present:</i> _____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag (1) Deployed during accident (as a result of impact) (2) Deployed inadvertently just prior to accident (3) Deployed, details unknown (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (5) Unknown if deployed (7) Nondeployed (9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of Delta V For Air Bag Deployment Impact +
- 0 0 0

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

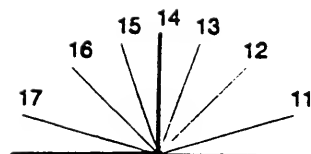
(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

*Slightly reclined prior to impact*

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

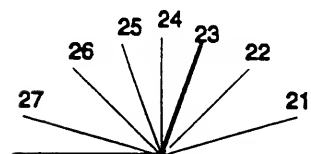
(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

*Completely reclined prior to impact*

(31) Retained pre-impact position

(32) Moved to rearward midrange position

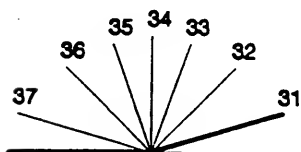
(33) Moved to slightly rearward position

(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed
(specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment
intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify): _____

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify): _____

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify): _____

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify): _____

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify): _____

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
 harness/shield/tether added

(09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 02
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9516

3. Vehicle Number

01

4. Occupant Number

03

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

07

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

999

Code actual height to the nearest
centimeter.

(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight

999

Code actual weight to the nearest
kilogram.

(999)Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

99

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify):

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

0

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact)

0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment

0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility

9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability** 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0
- (0) None used
 - (1) Police did not indicate belt use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Automatic belt
 - (8) Other type belt, (specify): _____
 - (9) Police indicated "unknown" _____
29. Police Reported Air Bag Availability/Function 1
- (0) No air bag available
 - (1) Police did not indicate air bag availability/function
 - (2) Deployed
 - (3) Not deployed
 - (4) Unknown if deployed
 - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): _____
- ☐ Unknown if belt used _____
- _____
- _____
- _____
- _____

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
 - (3) Air bag not reinstalled _____
 - (9) Unknown
31. Frontal Air Bag System Deployment (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown
32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag
- Non-functional*
- (2) Air bag disconnected (specify): _____
 - (3) Air bag not reinstalled _____
 - (9) Unknown
- Specify type of "other" air bag present:* _____
33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0
- (0) Not equipped with an "other" air bag
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown
34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____
 - (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available
_____ Code the accident event sequence number that initiated the air bag deployment

- (96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify): _____

- (6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 0 0 0

Deployment Impact

(_ 000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_ 996) Deployment, unknown longitudinal Delta V

(_ 997) Not deployed

(_ 998) Unknown if deployed

(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify): _____
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify): _____

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION *continued***

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

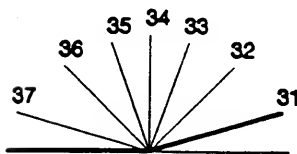
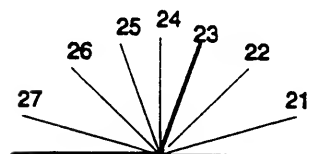
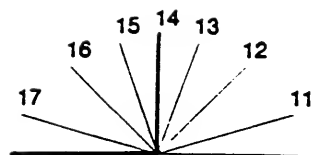
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing

(950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

 (8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

 (19) Unknown orientation

*Unknown Design or Orientation For This
 Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

 (29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
 harness/shield/tether added

(09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 02

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 04

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 10
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999)Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 99
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0
- (0) None used
 - (1) Police did not indicate belt use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Automatic belt
 - (8) Other type belt, (specify): _____
 - (9) Police indicated "unknown" _____

29. Police Reported Air Bag Availability/Function 1
- (0) No air bag available
 - (1) Police did not indicate air bag availability/function
 - (2) Deployed
 - (3) Not deployed
 - (4) Unknown if deployed
 - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): _____

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0
- (0) Not equipped with an "other" air bag
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0
 (0) Not equipped/not available
 (1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
 (3) One previous accident with deployment
 (4) More than one previous accident with at least one deployment
 (8) Previous accidents, unknown deployment status
 (9) Unknown

36. Type of Air Bag 0
 (0) Not equipped/not available
 (1) Original manufacturer installed system
 (2) Retrofitted air bag
 (3) Replacement air bag
 (8) Unknown type of air bag
 (9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0
 (0) Not equipped/not available
 (1) No prior maintenance
 (2) Yes, prior maintenance (specify):

 (9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0
 (00) Not equipped/not available
 _____ Code the accident event sequence number that initiated the air bag deployment
 (96) Deployed, unknown event
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

39. CDC For Air Bag Deployment Impact 0
 (0) Not equipped/not available
 (1) Highest delta V
 (2) Second highest delta V
 (3) Other non-coded delta V (specify):

 (6) Deployed, unknown event
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

40. Longitudinal Component of +
 Delta V For Air Bag - 0 0 0
 Deployment Impact
 (_ 000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
 (_ 996) Deployment, unknown longitudinal Delta V
 (_ 997) Not deployed
 (_ 998) Unknown if deployed
 (_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes
 (3) Deployed, unknown if flap(s) opened at designated tear points
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify): _____
 (3) Deployed, unknown if air bag module cover flap(s) damaged
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

43. Was There Damage To The Air Bag? 0 0
 (00) Not equipped/not available
 (01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
 (03) Cut
 (04) Torn
 (05) Holed
 (06) Burned
 (07) Abraded
 (88) Other damage (specify):

 (95) Damaged, details unknown
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

Slightly reclined prior to impact

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

Completely reclined prior to impact

(31) Retained pre-impact position

(32) Moved to rearward midrange position

(33) Moved to slightly rearward position

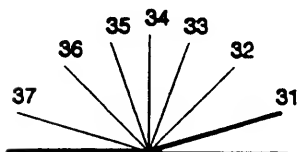
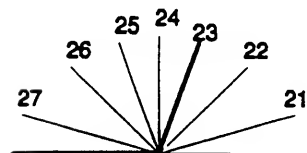
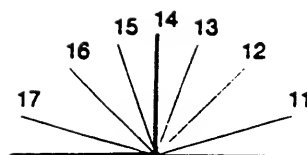
(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed (specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

 (99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 02

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 05

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 12
Code actual age at time of accident.
(00) Less than one year old (specify by month):
(97) 97 years and older
(99) Unknown

6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown

7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters

8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999)Unknown

____ pounds X .4536 = ____ kilograms

9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 99
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify):
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify):
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify):
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify):
(45) On or in the lap of another occupant

- (97) In or on unenclosed area
(98) Other seat (specify):
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front
of seat
(8) Other abnormal posture (specify):
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

015. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0
- (0) None used
 - (1) Police did not indicate belt use
 - (2) Shoulder belt
 - (3) Lap belt
 - (4) Lap and shoulder belt
 - (5) Belt used, type not specified
 - (6) Child safety seat
 - (7) Automatic belt
 - (8) Other type belt, (specify): _____
 - (9) Police indicated "unknown" _____

29. Police Reported Air Bag Availability/Function 1
- (0) No air bag available
 - (1) Police did not indicate air bag availability/function
 - (2) Deployed
 - (3) Not deployed
 - (4) Unknown if deployed
 - (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): _____
- ☐ Unknown if belt used _____

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0
- (0) Not equipped with an "other" air bag
 - (1) Deployed during accident (as a result of impact)
 - (2) Deployed inadvertently just prior to accident
 - (3) Deployed, details unknown
 - (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 - (5) Unknown if deployed
 - (7) Nondeployed
 - (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0
- (0) Not equipped/not available
 - (1) No
 - (2) Yes (specify): _____
 - (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 0 0 0
Deployment Impact

- (_000) Not equipped/not available
Code the value of the delta V for the impact that initiated the air bag deployment
(_996) Deployment, unknown longitudinal Delta V
(_997) Not deployed
(_998) Unknown if deployed
(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

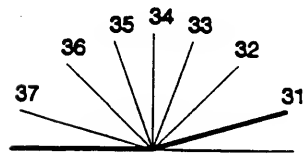
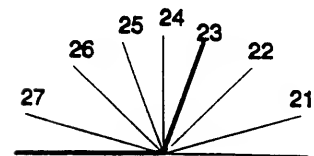
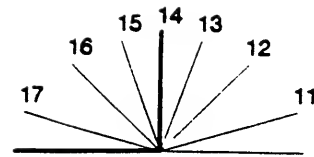
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat
 Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing
 (950) Built-in child safety seat
 (997) Other make/model (specify):

 (998) Unknown make/model
 (999) Unknown if child safety seat used

56. Type of Child Safety Seat 0
 (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat - with shield
 (5) Booster seat - without shield
 (7) Other type child safety seat (specify):

 (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0
 (00) No child safety seat

Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (08) Other orientation (specify):

 (09) Unknown orientation

Designed For Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

 (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

 (29) Unknown orientation

 (99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

- (01) After market harness/shield/tether
 added, not used
 (02) After market harness/shield/tether used
 (03) Child safety seat used, but no after market
 harness/shield/tether added
 (09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
 (12) Harness/shield/tether used
 (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
 (22) Harness/shield/tether used
 (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score (at Medical Facility)** 02

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

10

2. Case Number - Stratum

9516

3. Vehicle Number

01

4. Occupant Number

06

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

12

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

168

Code actual height to the nearest
centimeter.

(999) Unknown

66 inches X 2.54 = _____ centimeters

8. Occupant's Weight

047

Code actual weight to the nearest
kilogram.

(999) Unknown

103 pounds X .4536 = _____ kilograms

9. Occupant's Role

2

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

98

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): 10th row

(99) Unknown (R) side, window seat

11. Occupant's Posture

0

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat.

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front
of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):
- (8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0

- (0) None used
 (1) Police did not indicate belt use
 (2) Shoulder belt
 (3) Lap belt
 (4) Lap and shoulder belt
 (5) Belt used, type not specified
 (6) Child safety seat
 (7) Automatic belt
 (8) Other type belt, (specify):
 (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
 (1) Police did not indicate air bag availability/function
 (2) Deployed
 (3) Not deployed
 (4) Unknown if deployed
 (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
☐ Vehicle inspection
☐ Official injury data
☐ Driver/occupant interview
☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
 (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
 (3) Air bag not reinstalled
 (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
 (1) Deployed during accident (as a result of impact)
 (2) Deployed inadvertently just prior to accident
 (3) Deployed, details unknown
 (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
 (5) Unknown if deployed
 (7) Nondeployed
 (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 0

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 0

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): _____

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 0 0 0

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 00

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued***HEAD RESTRAINT AND SEAT EVALUATION**44. Source of Air Bag Damage 0 0

- (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown

45. Was The Air Bag Tethered? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

46. Did The Air Bag Have Vent Ports? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0

- (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

48. Was This Occupant Wearing Eye-wear? 0

- (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0

- (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown

50. Seat Type (this Occupant Position) 1 0

- (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): School bus bench
 (99) Unknown

51. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown

52. Seat Track Adjusted Position Prior To Impact 1

- (0) Occupant not seated or no seat
 (1) Non-adjustable seat track

Adjustable Seat Track

- (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

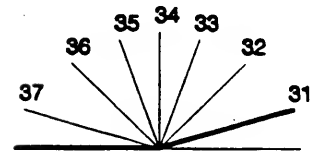
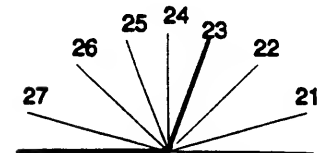
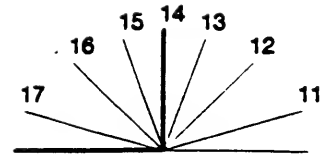
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 02

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 15
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given

(specify units):

- (9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

3. Vehicle Number

4. Occupant Number

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female-not reported pregnant

(3) Female-pregnant-1st trimester(1st-3rd month)

(4) Female-pregnant-2nd trimester(4th-6th month)

(5) Female-pregnant-3rd trimester(7th-9th month)

(6) Female-pregnant-term unknown

(9) Unknown

7. Occupant's Height

Code actual height to the nearest centimeter.

(999) Unknown

57 inches X 2.54 = _____ centimeters

8. Occupant's Weight

Code actual weight to the nearest kilogram.

(999) Unknown

110 pounds X .4536 = _____ kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position

Front Seat

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify): _____

(15) On or in the lap of another occupant

Second Seat

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify): _____

(25) On or in the lap of another occupant

Third Seat

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify): _____

(35) On or in the lap of another occupant

Fourth Seat

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify): _____

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify): 9th row

(99) Unknown Ⓡ side, window seat

11. Occupant's Posture

(0) Normal posture

Abnormal posture

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front of seat

(8) Other abnormal posture (specify): _____

(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

- (5) Integral structure
- (8) Other medium (specify):

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown

19. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

21. Manual (Active) Belt Failure Modes 0
During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown

27. Automatic (Passive) Belt Failure Modes 0
During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):
- (9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

☒ Not equipped/not available/destroyed or rendered inoperative

- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):
- (3) Air bag not reinstalled
- (9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

(0) Not equipped/not available

(1) No previous accidents

Yes

(2) Previous accident(s) without deployment(s)

(3) One previous accident with deployment

(4) More than one previous accident with at least one deployment

(8) Previous accidents, unknown deployment status

(9) Unknown

36. Type of Air Bag 0

(0) Not equipped/not available

(1) Original manufacturer installed system

(2) Retrofitted air bag

(3) Replacement air bag

(8) Unknown type of air bag

(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

(0) Not equipped/not available

(1) No prior maintenance

(2) Yes, prior maintenance (specify): _____

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

(00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment

(96) Deployed, unknown event

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

39. CDC For Air Bag Deployment Impact 0

(0) Not equipped/not available

(1) Highest delta V

(2) Second highest delta V

(3) Other non-coded delta V (specify): _____

(6) Deployed, unknown event

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 000

Deployment Impact

(_000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_996) Deployment, unknown longitudinal Delta V

(_997) Not deployed

(_998) Unknown if deployed

(_999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

(0) Not equipped/not available

(1) No

(2) Yes

(3) Deployed, unknown if flap(s) opened at designated tear points

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

(0) Not equipped/not available

(1) No

(2) Yes (specify): _____

(3) Deployed, unknown if air bag module cover flap(s) damaged

(7) Not deployed

(8) Unknown if deployed

(9) Unknown

43. Was There Damage To The Air Bag? 00

(00) Not equipped/not available

(01) Not damaged

Yes - Air Bag Damage

(02) Ruptured

(03) Cut

(04) Torn

(05) Holed

(06) Burned

(07) Abraded

(88) Other damage (specify): _____

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

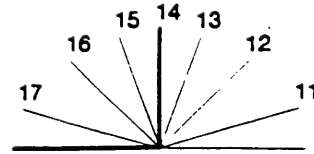
49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

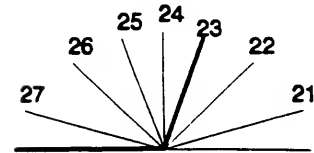
- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

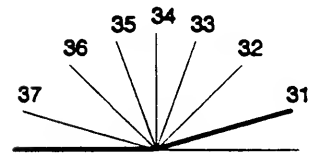
- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

*Slightly reclined prior to impact*

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

*Completely reclined prior to impact*

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position



(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 00

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0059. Child Safety Seat Shield Usage 0060. Child Safety Seat Tether Usage 00Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 05

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 15

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 08

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 09
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 1
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown

_____ inches X 2.54 = _____ centimeters
8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999)Unknown

_____ pounds X .4536 = _____ kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 99
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant

- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant

- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant

- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown

11. Occupant's Posture 9
(0) Normal posture

Abnormal posture
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT

12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

0

14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

015. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability** 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used _____

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

- (8) Other manual belt failure (specify): _____

(9) Unknown _____

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable Shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

- (8) Other improper use of automatic belt system (specify): _____

(9) Unknown _____

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____
- (8) Other automatic belt failure (specify): _____

(9) Unknown _____

POLICE REPORTED RESTRAINT USE

AIR BAG SYSTEM FUNCTION

28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify): _____
- (9) Police indicated "unknown" _____

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

- ☒ Not equipped/not available/destroyed or rendered inoperative
- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify): _____
- ☐ Unknown if belt used _____

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify): _____
- (3) Air bag not reinstalled _____
- (9) Unknown

Specify type of "other" air bag present: _____

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

- (9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

<p>35. Had Vehicle Been in Previous Accident(s)? <u>0</u></p> <p>(0) Not equipped/not available (1) No previous accidents</p> <p>Yes</p> <p>(2) Previous accident(s) without deployment(s) (3) One previous accident with deployment (4) More than one previous accident with at least one deployment (8) Previous accidents, unknown deployment status (9) Unknown</p>	<p>40. Longitudinal Component of <u>+</u> Delta V For Air Bag <u>- 0 0 0</u> Deployment Impact</p> <p>(_000) Not equipped/not available <i>Code the value of the delta V for the impact that initiated the air bag deployment</i></p> <p>(_996) Deployment, unknown longitudinal Delta V (_997) Not deployed (_998) Unknown if deployed (_999) Unknown</p>
<p>36. Type of Air Bag <u>0</u></p> <p>(0) Not equipped/not available (1) Original manufacturer installed system (2) Retrofitted air bag (3) Replacement air bag (8) Unknown type of air bag (9) Unknown</p>	<p>41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (3) Deployed, unknown if flap(s) opened at designated tear points (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? <u>0</u></p> <p>(0) Not equipped/not available (1) No prior maintenance (2) Yes, prior maintenance (specify): _____ (9) Unknown</p>	<p>42. Were Air Bag Module Cover Flap(s) Damaged? <u>0</u></p> <p>(0) Not equipped/not available (1) No (2) Yes (specify): _____ (3) Deployed, unknown if air bag module cover flap(s) damaged (7) Not deployed (8) Unknown if deployed (9) Unknown</p>
<p>38. Air Bag Deployment Accident Event Sequence Number <u>0 0</u></p> <p>(00) Not equipped/not available _____ Code the accident event sequence number that initiated the air bag deployment (96) Deployed, unknown event (97) Not deployed (98) Unknown if deployed (99) Unknown</p>	<p>43. Was There Damage To The Air Bag? <u>0 0</u></p> <p>(00) Not equipped/not available (01) Not damaged</p> <p>Yes - Air Bag Damage</p> <p>(02) Ruptured (03) Cut (04) Torn (05) Holed (06) Burned (07) Abraded (88) Other damage (specify): _____</p> <p>(95) Damaged, details unknown (96) Deployed, unknown if damaged (97) Not deployed (98) Unknown if deployed (99) Unknown</p>
<p>39. CDC For Air Bag Deployment Impact <u>0</u></p> <p>(0) Not equipped/not available (1) Highest delta V (2) Second highest delta V (3) Other non-coded delta V (specify): _____ (6) Deployed, unknown event (7) Not deployed (8) Unknown if deployed (9) Unknown</p>	

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track*
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued*53. Seat Back Incline Prior and Post Impact 01

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

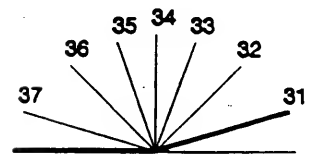
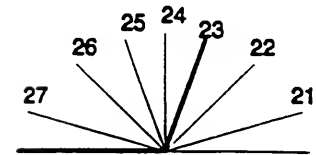
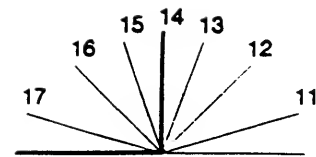
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

54. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****66. Time to Death** 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 00**68. 2nd Medically Reported Cause of Death** 00**69. 3rd Medically Reported Cause of Death** 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA**71. Glasgow Coma Scale (GCS) Score** 02

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION**74. Primary Source of Belt Use Determination** 0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT ASSESSMENT FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 10
2. Case Number - Stratum 9516
3. Vehicle Number 01
4. Occupant Number 09

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age 09
Code actual age at time of accident.
(00) Less than one year old (specify by month):

(97) 97 years and older
(99) Unknown
6. Occupant's Sex 2
(1) Male
(2) Female-not reported pregnant
(3) Female-pregnant-1st trimester(1st-3rd month)
(4) Female-pregnant-2nd trimester(4th-6th month)
(5) Female-pregnant-3rd trimester(7th-9th month)
(6) Female-pregnant-term unknown
(9) Unknown
7. Occupant's Height 999
Code actual height to the nearest
centimeter.
(999) Unknown

____ inches X 2.54 = ____ centimeters
8. Occupant's Weight 999
Code actual weight to the nearest
kilogram.
(999)Unknown

____ pounds X .4536 = ____ kilograms
9. Occupant's Role 2
(1) Driver
(2) Passenger
(9) Unknown

OCCUPANT'S SEATING

10. Occupant's Seat Position 99
Front Seat
(11) Left side
(12) Middle
(13) Right side
(14) Other (specify): _____
(15) On or in the lap of another occupant
- Second Seat*
(21) Left side
(22) Middle
(23) Right side
(24) Other (specify): _____
(25) On or in the lap of another occupant
- Third Seat*
(31) Left side
(32) Middle
(33) Right side
(34) Other (specify): _____
(35) On or in the lap of another occupant
- Fourth Seat*
(41) Left side
(42) Middle
(43) Right side
(44) Other (specify): _____
(45) On or in the lap of another occupant

(97) In or on unenclosed area
(98) Other seat (specify): _____
(99) Unknown
11. Occupant's Posture 9
(0) Normal posture
- Abnormal posture*
(1) Kneeling or standing on seat
(2) Lying on or across seat
(3) Kneeling, standing or sitting in front of seat
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window
(5) Sitting on a console
(6) Lying back in a reclined seat position
(7) Bracing with feet or hands on a surface in front of seat
(8) Other abnormal posture (specify): _____
(9) Unknown

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION**18. Manual (Active) Belt System Availability** 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

- (8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

- (8) Other improper use of automatic belt system (specify):
- (9) Unknown

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>0</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p> <p>29. Police Reported Air Bag Availability/Function <u>1</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>30. Frontal Air Bag System <u>0</u></p> <p>Availability/Function (This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p>31. Frontal Air Bag System Deployment <u>0</u></p> <p>(This Occupant Position)</p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input checked="" type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative</p> <p><input type="checkbox"/> Vehicle inspection</p> <p><input type="checkbox"/> Official injury data</p> <p><input type="checkbox"/> Driver/occupant interview</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Unknown if belt used</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled</p> <p>(9) Unknown</p> <p><i>Specify type of "other" air bag present:</i></p> <p>_____</p> <p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p> <p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):
(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 0 0

- (00) Not equipped/not available
Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):
(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +Delta V For Air Bag - 0 0 0

Deployment Impact

(_ 000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_ 996) Deployment, unknown longitudinal Delta V

(_ 997) Not deployed

(_ 998) Unknown if deployed

(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 0 0

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):

 (03) Object carried by occupant, (specify):

 (04) Adaptive/assistive controls, (specify):

 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):

 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):

 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):

 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):

 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):

 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):

 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

(00) Occupant not seated or no seat

(01) Not adjustable

Upright prior to impact

(11) Moved to completely rearward position

(12) Moved to rearward midrange position

(13) Moved to slightly rearward position

(14) Retained pre-impact position

(15) Moved to slightly forward position

(16) Moved to forward midrange position

(17) Moved to completely forward position

Slightly reclined prior to impact

(21) Moved to completely rearward position

(22) Moved to rearward midrange position

(23) Retained pre-impact position

(24) Moved to upright position

(25) Moved to slightly forward position

(26) Moved to forward midrange position

(27) Moved to completely forward position

Completely reclined prior to impact

(31) Retained pre-impact position

(32) Moved to rearward midrange position

(33) Moved to slightly rearward position

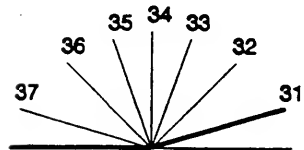
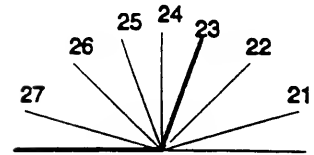
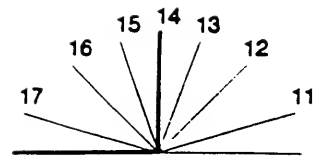
(34) Moved to upright position

(35) Moved to slightly forward position

(36) Moved to forward midrange position

(37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

(0) Occupant not seated or no seat

(1) No seat performance failure(s)

(2) Seat adjusters failed

(3) Seat back folding locks or "seat back" failed
(specify): _____

(4) Seat track/anchors failed

(5) Deformed by impact of occupant

(6) Deformed by passenger compartment
intrusion, (specify): _____

(7) Combination of above (specify): _____

(8) Other (specify): _____

(9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0
 (000) No child safety seat

Applicable codes are found in your NASS CDS
 Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 0

59. Child Safety Seat Shield Usage 0 0

60. Child Safety Seat Tether Usage 0 0

Note: Options below applicable to
 Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether

(01) After market harness/shield/tether
 added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
 harness/shield/tether added

(09) Unknown if harness/shield/tether
 added or used

Designed With Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**66. Time to Death 00

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0068. 2nd Medically Reported Cause of Death 0069. 3rd Medically Reported Cause of Death 00

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 01

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA71. Glasgow Coma Scale (GCS) Score 02

(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

(1) No - blood not given

(2) Yes - blood given

(specify units):

(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 01

(00) Not injured

(01) Injured, ABGs not measured or reported

(02-50) Code the actual value of the HCO₃

(96) ABGs reported, HCO₃ unknown

(97) Injured, details unknown

(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 0

(0) Not equipped/not available/destroyed or rendered inoperative

(1) Vehicle inspection

(2) Official injury data

(3) Driver/occupant interview

(8) Other (specify):

(9) Unknown if belt used



OCCUPANT ASSESSMENT FORM

OCCUPANT'S SEATING	
1. Primary Sampling Unit Number <u>10</u>	10. Occupant's Seat Position <u>99</u>
2. Case Number - Stratum <u>9516</u>	<i>Front Seat</i>
3. Vehicle Number <u>01</u>	(11) Left side
4. Occupant Number <u>10</u>	(12) Middle
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture <u>9</u>	
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

OCCUPANT'S CHARACTERISTICS	
5. Occupant's Age <u>10</u>	
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex <u>2</u>	
(1) Male	
(2) Female-not reported pregnant	
(3) Female-pregnant-1st trimester(1st-3rd month)	
(4) Female-pregnant-2nd trimester(4th-6th month)	
(5) Female-pregnant-3rd trimester(7th-9th month)	
(6) Female-pregnant-term unknown	
(9) Unknown	
7. Occupant's Height <u>999</u>	
Code actual height to the nearest centimeter.	
(999) Unknown	
_____ inches X 2.54 = _____ centimeters	
8. Occupant's Weight <u>999</u>	
Code actual weight to the nearest kilogram.	
(999) Unknown	
_____ pounds X .4536 = _____ kilograms	
9. Occupant's Role <u>2</u>	
(1) Driver	
(2) Passenger	
(9) Unknown	

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____

- (5) Integral structure
- (8) Other medium (specify): _____

- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 9

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION18. Manual (Active) Belt System Availability 0

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify): _____

(9) Unknown _____

19. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown _____

21. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown _____

22. Shoulder Belt Upper Anchorage Adjustment 0

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): _____
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of automatic belt system (specify): _____

(9) Unknown _____

27. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

(6) Broken retractor

(7) Combination of above (specify): _____

(8) Other automatic belt failure (specify): _____

(9) Unknown _____

POLICE REPORTED RESTRAINT USE

28. Police Reported Belt Use 0

- (0) None used
- (1) Police did not indicate belt use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Automatic belt
- (8) Other type belt, (specify):

(9) Police indicated "unknown"

29. Police Reported Air Bag Availability/Function 1

- (0) No air bag available
- (1) Police did not indicate air bag availability/function
- (2) Deployed
- (3) Not deployed
- (4) Unknown if deployed
- (9) Police indicated "unknown"

Check the Primary Source Used In Determining Belt Use.

☒ Not equipped/not available/destroyed or rendered inoperative

- ☐ Vehicle inspection
- ☐ Official injury data
- ☐ Driver/occupant interview
- ☐ Other (specify):

☐ Unknown if belt used

AIR BAG SYSTEM FUNCTION

30. Frontal Air Bag System Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

31. Frontal Air Bag System Deployment (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) 0

- (0) Not equipped/not available
- (1) Air bag

Non-functional

- (2) Air bag disconnected (specify):

(3) Air bag not reinstalled

(9) Unknown

Specify type of "other" air bag present:

33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) 0

- (0) Not equipped with an "other" air bag
- (1) Deployed during accident (as a result of impact)
- (2) Deployed inadvertently just prior to accident
- (3) Deployed, details unknown
- (4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (5) Unknown if deployed
- (7) Nondeployed
- (9) Unknown

34. Are There Indications of Air Bag System Failure? (This Occupant Position) 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify):

(9) Unknown

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag

Deployment Impact

(_ 000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(_ 996) Deployment, unknown longitudinal Delta V

(_ 997) Not deployed

(_ 998) Unknown if deployed

(_ 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

(95) Damaged, details unknown

(96) Deployed, unknown if damaged

(97) Not deployed

(98) Unknown if deployed

(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 0 0
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (88) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 0
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 1 0
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify): School bus bench
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
- Adjustable Seat Track**
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 0 1

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

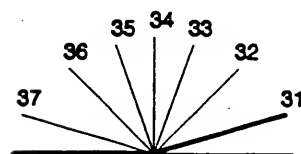
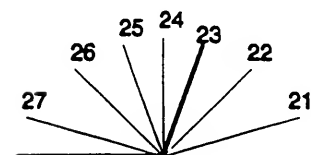
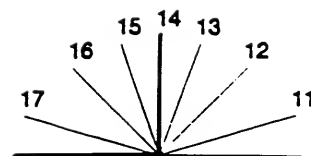
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 2

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

64. Hospital Stay 00

(00) Not Hospitalized

_____ Code the number of days (up through 60) that the occupant stayed in hospital.

- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 97

_____ Code the number of days (up through 60) that the occupant lost from work due to the accident

- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES****TRAUMA DATA**66. Time to Death 0 0

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death 0 068. 2nd Medically Reported Cause of Death 0 069. 3rd Medically Reported Cause of Death 0 0

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant 0 1

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

71. Glasgow Coma Scale (GCS) Score 0 2
(at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood? 1

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃ 0 1

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION74. Primary Source of Belt Use Determination 0

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

Appendix L:

NASS CDS OCCUPANT INJURY FORMS:

CASE VEHICLE OCCUPANTS



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

02

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Contusion scalp 1st	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY DATA											
Source of Injury Data	A.I.S. - 90						Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
11th	—	—	—	---	---	—	—	-----	—	—	---
12th	—	—	—	---	---	—	—	-----	—	—	---
13th	—	—	—	---	---	—	—	-----	—	—	---
14th	—	—	—	---	---	—	—	-----	—	—	---
15th	—	—	—	---	---	—	—	-----	—	—	---
16th	—	—	—	---	---	—	—	-----	—	—	---
17th	—	—	—	---	---	—	—	-----	—	—	---
18th	—	—	—	---	---	—	—	-----	—	—	---
19th	—	—	—	---	---	—	—	-----	—	—	---
20th	—	—	—	---	---	—	—	-----	—	—	---
21st	—	—	—	---	---	—	—	-----	—	—	---
22nd	—	—	—	---	---	—	—	-----	—	—	---
23rd	—	—	—	---	---	—	—	-----	—	—	---
24th	—	—	—	---	---	—	—	-----	—	—	---
25th	—	—	—	---	---	—	—	-----	—	—	---

[illegible]



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>03</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Confusion 1st Scalp	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
2nd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
3rd	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
4th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
5th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
6th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
7th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
8th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
9th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

.I.S. - 90

	Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>04</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Injured lower extremity	5. <u>9</u>	6. <u>8</u>	7. <u>9</u>	8. <u>00</u>	9. <u>99</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY DATA

A.I.S. - 90								Injury Source	Direct/	Occupant
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Confidence Level	Indirect Injury	Area Intrusion Number
11th	—	—	—	—	—	—	—	—	—	—
12th	—	—	—	—	—	—	—	—	—	—
13th	—	—	—	—	—	—	—	—	—	—
14th	—	—	—	—	—	—	—	—	—	—
15th	—	—	—	—	—	—	—	—	—	—
16th	—	—	—	—	—	—	—	—	—	—
17th	—	—	—	—	—	—	—	—	—	—
18th	—	—	—	—	—	—	—	—	—	—
19th	—	—	—	—	—	—	—	—	—	—
20th	—	—	—	—	—	—	—	—	—	—
21st	—	—	—	—	—	—	—	—	—	—
22nd	—	—	—	—	—	—	—	—	—	—
23rd	—	—	—	—	—	—	—	—	—	—
24th	—	—	—	—	—	—	—	—	—	—
25th	—	—	—	—	—	—	—	—	—	—



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

1. Primary Sampling Unit Number	<u>10</u>	3. Vehicle Number	<u>01</u>
2. Case Number - Stratum	<u>9516</u>	4. Occupant Number	<u>05</u>

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
1st	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>04</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY DATA

	Source of Injury Data	Body Region	A.I.S. - 90				Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
			Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

06

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
Abrasion ① Elbow 1st	5. <u>3</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>1</u>	12. <u>101</u>	13. <u>2</u>	14. <u>1</u>	15. <u>00</u>
Contusion ① Elbow 2nd	16. <u>3</u>	17. <u>7</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>1</u>	23. <u>101</u>	24. <u>2</u>	25. <u>1</u>	26. <u>00</u>
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

OCCUPANT INJURY DATA

A.I.S. - 90											
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
11th	—	—	—	—	—	—	—	—	—	—	
12th	—	—	—	—	—	—	—	—	—	—	
13th	—	—	—	—	—	—	—	—	—	—	
14th	—	—	—	—	—	—	—	—	—	—	
15th	—	—	—	—	—	—	—	—	—	—	
16th	—	—	—	—	—	—	—	—	—	—	
17th	—	—	—	—	—	—	—	—	—	—	
18th	—	—	—	—	—	—	—	—	—	—	
19th	—	—	—	—	—	—	—	—	—	—	
20th	—	—	—	—	—	—	—	—	—	—	
21st	—	—	—	—	—	—	—	—	—	—	
22nd	—	—	—	—	—	—	—	—	—	—	
23rd	—	—	—	—	—	—	—	—	—	—	
24th	—	—	—	—	—	—	—	—	—	—	
25th	—	—	—	—	—	—	—	—	—	—	

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	(4) Severe Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(5) Critical Injury	(6) Maximum (untreatable)
(5) Skeletal (includes joints)	(10) Amputation	(7) Injured, unknown severity	
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA

INJURY SOURCE

DIRECT/INDIRECT INJURY

OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

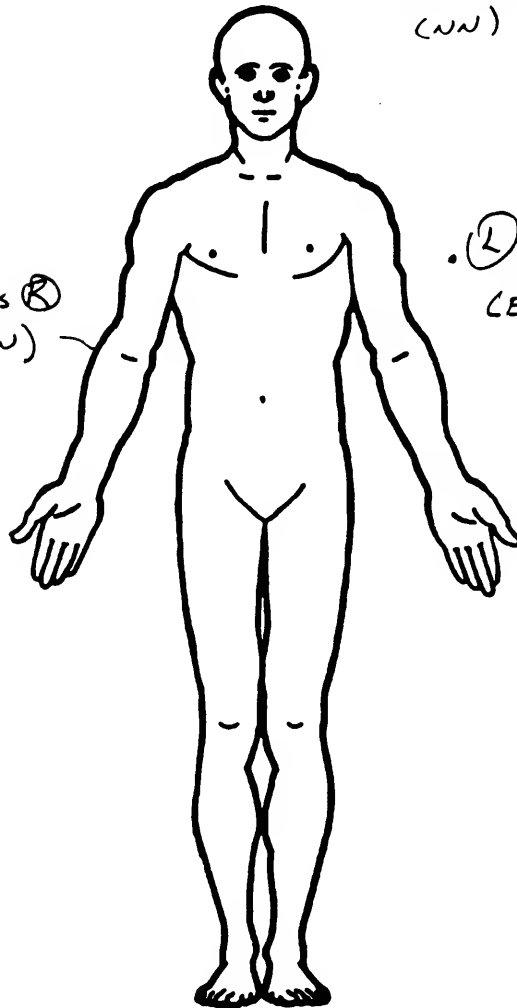
OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Hit (R) arm on side of bus (ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

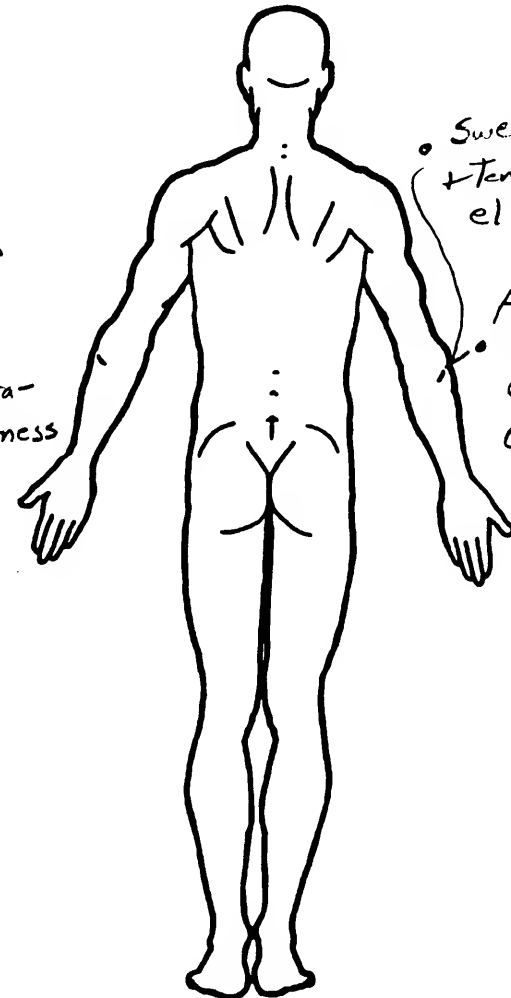
Head atraumatic
(NW)

• Ecchymosis (R)
elbow (NW)



• (L) arm atraumatic
(ED)

• Slight para-
lumbar tenderness
(NW)



• Swelling, ecchymosis,
+ tenderness (R)
elbow (ED)

• Abrasion +
Red area (R)
elbow
(RR, EN)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale ScoreGCSS = 15
(EN)Units of Blood
Given

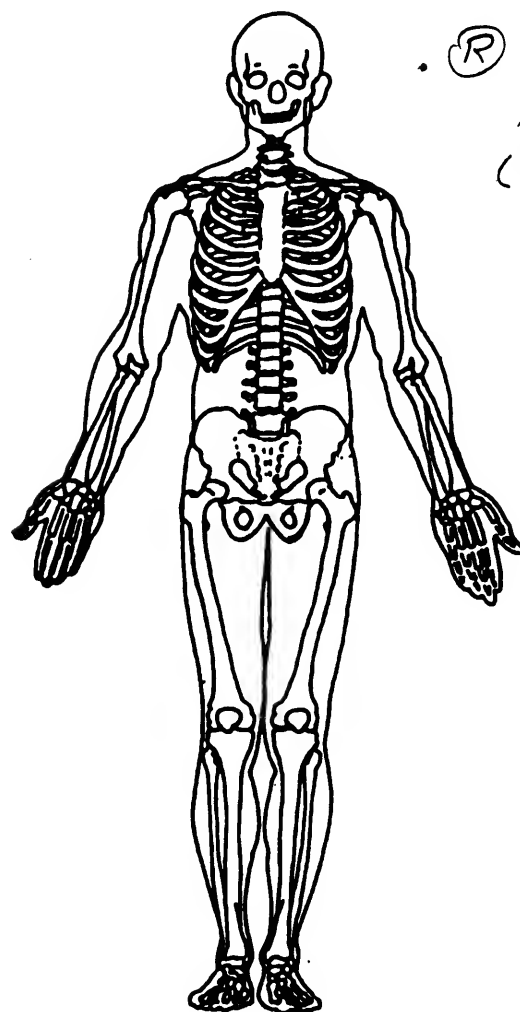
Units = ___

Arterial Blood
Gases

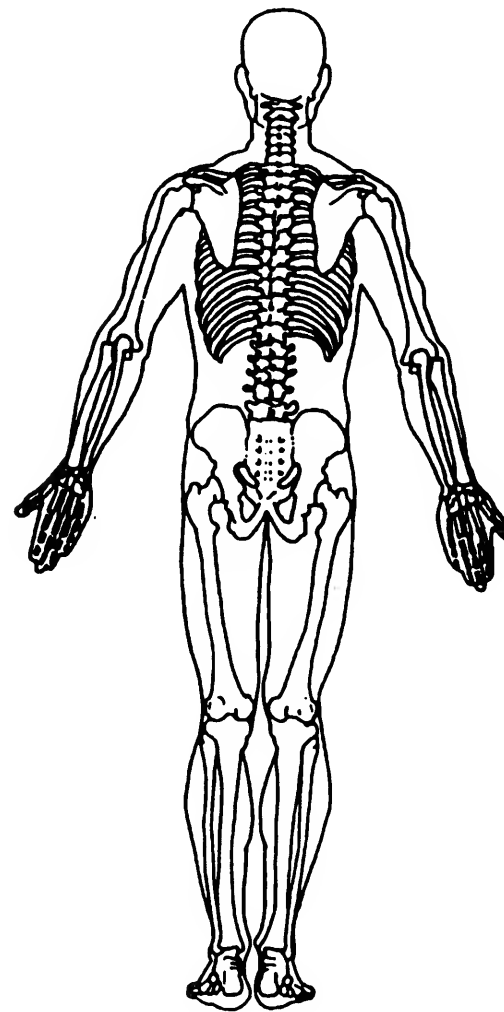
pH = ___

PO₂ = ___PCO₂ = ___HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



. (R) elbow :
normal
(ER, EX)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antenna)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

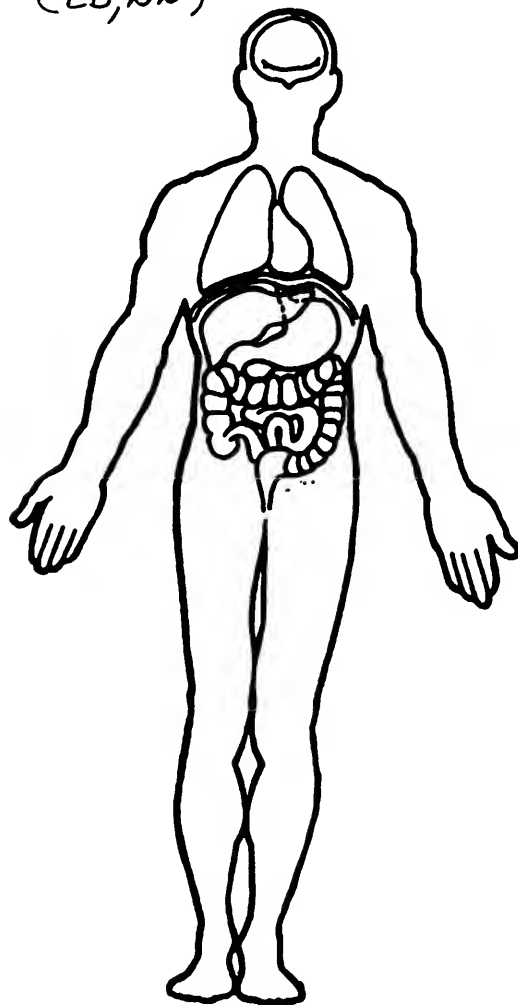
NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

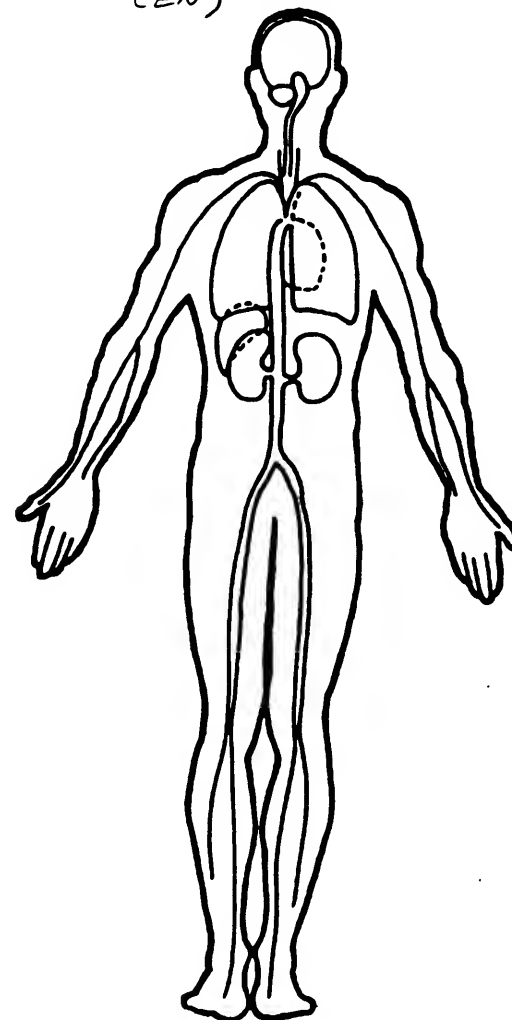
OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Alert + oriented x 3
(ED, NN)



No Loc, Alert
(EN)



CAUSE OF DEATH

Not applicable

ICD-9-CM

923.10: Contusion forearm
(RR)

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	Not tested!	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR Registration Record

EMERGENCY DEPARTMENT RECORD

BEST AVAILABLE

DIAG. MVA / ABRASION / RED
AREA RT ELBOW

BIRTHDATE 5/5

SOC. SEC. NO.

PHYSICAL RECORD NO.

CHIEF COMPLAINT:

NURSES
NOTES

Pt to ED per C/O Abrasion & release
area to RT elbow. Radial pulse +.
No LOC. Denies any other injuries.
Ice applied to wound. GCS-15. 1100 - waiting
on x-ray 10/10

ARRIVAL BY:

☒ Private Car
☒ Ambulance
☐ Police

TRIAGE:

☒ Non-urgent
☐ Urgent
☐ Emergent
☐ Scheduled

AM
PM

ALLERGIES

ATB

MEDICATIONS - CURRENT

None

SIGNATURE

CONDITION ON ADMISSION

Alert

TEMP.

99.3

P.

87

R.

20

BP.

113/69

LAST DATE

LTT

TIME SEEN

10:23

AM
PM

PHYSICIANS'
REPORT

Sub - Involved in truck / Bus MVA ~ 10:00.
Hit (R) arm on side of bus. Denies any other injury.
Hx. ATB
Back - No cervical, thoracic or lumbosacral tenderness
Chest - Clear @ breath sounds. No chest wall tenderness. Heart regular rate
Abd - No bowel sounds. No tenderness. Pulses Heart regular rate
Legs - No tenderness. No pain & point tenderness. Pulses (+)
(R) arm - Swelling, ecchymosis & tenderness (Elbow)
Radial pulse (+). Sensation (+).
D arm - Traumatic. Firm. Radial pulse (+).

DIAGNOSIS:

CONDITION ON DISCHARGE

Stable / Stable

PROCEDURES:

DISPOSITION:

Home

ORDERS

(R) elbow Neg. radiol.

MEDICATIONS

Motrin 400mg po b.i.d.

Dis Motrin 400mg #30 + gabapentin
Note

INSTRUCTIONS

Wt. Shet
Ice to Area for 20 min every 2-3 hrs. Elevate as much as
possible
Medication as directed for pain.
Verbalized understanding of instructions
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE

TIME OF DISCHARGE

HOSPITAL

REGISTRATION-RECORD

ACCOUNT NUMBER			FC		AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO.	
SP			12					ER	ER		
PUBLISH	SEX	MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME		ADM. SOURCE	BROUGHT BY	ADMIT DATE	ADMIT TIME	
NO	F	S	NO		SAME		7	AMBL	25		
ACCIDENT	ACCIDENT TIME		REL TO PREGNANCY	RELIGION	CHURCH	ADMIT BY				DISCHARGE TIME	
01			95	NO				95			
PATIENT / EMPLOY / GUARANTOR / EMPLOY	STUDENT UNK		COUNTY	COUNTY	RELATIVE	SSN / PHYS		ADM: M.D.			
						46		ATD: M.D.			
								FAM:			
PHONE			INSURANCE		PRECERT						
NO EMPLOYEE INFO FOR PATIENT UNK					PRECERT						
					PRECERT						
					PRECERT						

ADMITTING DIAGNOSIS / COMPLAINT

REMARKS

DRG

MVA/ABRASION/RED AREA RT ELBOW

FINAL DIAGNOSES:

923.10

PERATIONS
NO PROCEDURES.

POSITION

☐ HOME☐ DIED UNDER 48 HOURS☐ AUTOPSY☐ TRANSFERRED HOSPITAL☐ AGAINST ADVICE☐ ADMIT / TIME☐ DIED OVER 48 HOURS☐ NO AUTOPSY☐ TRANSFERRED EFC☐ OTHER

CONSULTATION WITH

CONDITION ON DISCHARGE

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

TIME / DATE

SIGNED

PHYSICIAN

EMERGENCY DEPARTMENT PROGRESS NOTES

Please use name plate imprinter

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
95	<p>AD Note A&U 3 Neck supple. Head atraumatic Chk - nontender. Examination on (R) elbow 1" away FROM no bony tenderness - no leg tenderness - no leg or red hot head. Good adult size pulse Calf clonus & hyperactive Neck ^{nontender} on touch. T & U S spine - no leg tenderness. Slight posterior tenderness on muscle b. to t. all over ASL ^{supple} split NT Pelvis NT legs nontender NT = Nontender (2) on abdomen</p>
	<p>Discussed findings of Discussed findings of back exam with mother no leg tenderness slight muscle good exam with wife - no leg tenderness slight muscle tenderness No need for to limit tenderness - No need for x-ray - need to limit to pelvis red hot to pelvis in young women</p>

BEST AVAILABLE

PATIENT:
PHYSICIAN:

MR NO.:
X-RAY NO.:
ROOM NO.: ER

DATE: 95

PATIENT HISTORY: MVA.

FOUR VIEWS OF THE RIGHT ELBOW: There is no evidence of fracture or other bony abnormality. No joint fluid is seen.

IMPRESSION: Normal right elbow.

D: 95
T: 95

RADIOLOGY

Page 1



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

07

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Abrasion ① lateral eyebrow	5. <u>7</u>	6. <u>2</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>7</u>	12. <u>151</u>	13. <u>3</u>	14. <u>1</u>	15. <u>00</u>
Contusion ① lateral eyebrow	16. <u>3</u>	17. <u>2</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>7</u>	23. <u>151</u>	24. <u>3</u>	25. <u>1</u>	26. <u>00</u>
Abrasion ② arm above elbow	27. <u>3</u>	28. <u>7</u>	29. <u>9</u>	30. <u>02</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>101</u>	35. <u>2</u>	36. <u>1</u>	37. <u>00</u>
Contusion ② arm above + below elbow	38. <u>3</u>	39. <u>7</u>	40. <u>9</u>	41. <u>04</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>101</u>	46. <u>2</u>	47. <u>1</u>	48. <u>00</u>
Contusion ② arm below elbow	49. <u>3</u>	50. <u>7</u>	51. <u>9</u>	52. <u>02</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>151</u>	57. <u>3</u>	58. <u>1</u>	59. <u>00</u>
6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

[illegible]

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

• Hit arm on window ledge (EN)

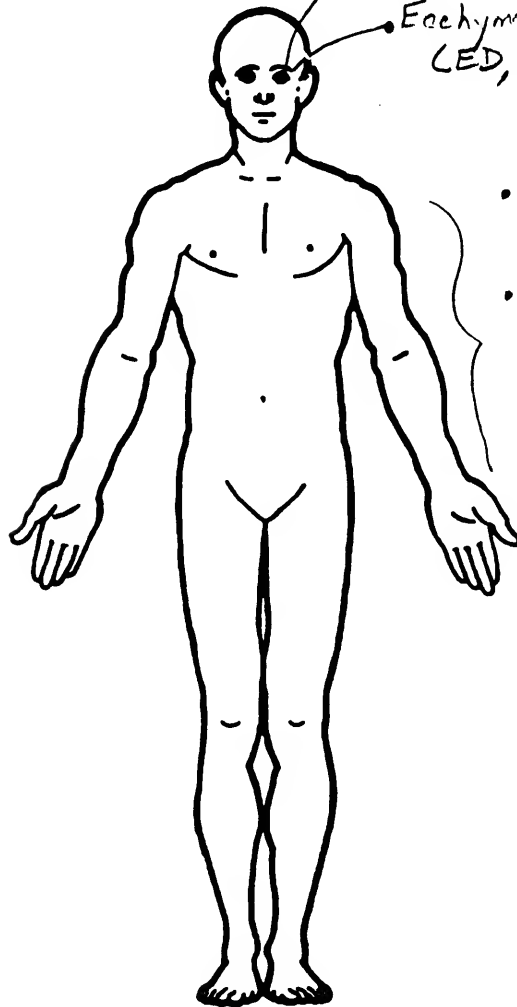
• Hit side of face (ED)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• c/o ? @ orbit (EN, NN)

• No lacerations (EN)

• Ecchymosis lateral @ eyebrow (ED, NN)

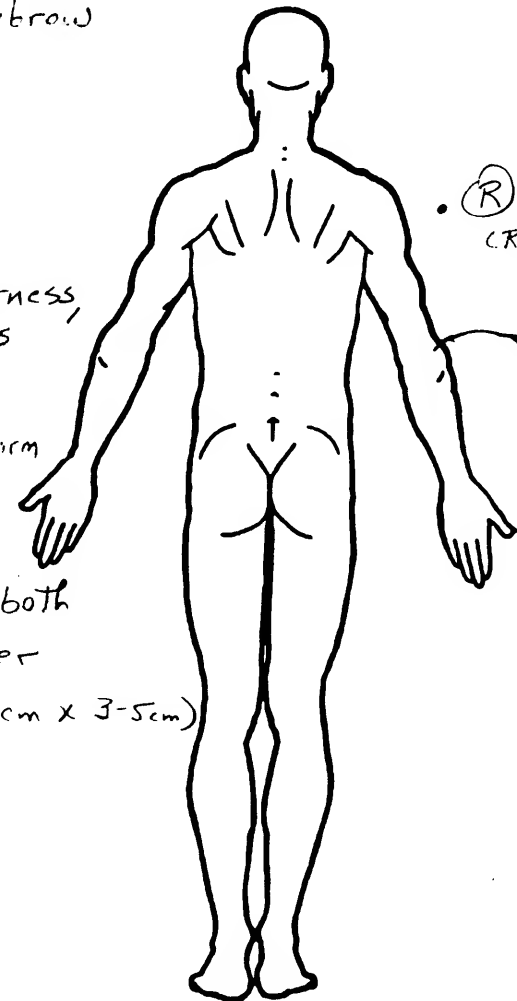


• Hurt @ arm (RR)

• @ arm no tenderness, FROM ⊕ pulses (ED)

• c/o injury @ forearm (EN)

• Ecchymosis to both posterior upper forearms (10cm x 3-5cm) (NN)



• @ arm cut (RR)

• Swelling, Abrasion, + ecchymosis distal upper arm (ED)

OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck			(3) Bilateral
(4) Thorax			(4) Central
(5) Abdomen	<u>Vessels, Nerves, Organs.</u>	To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.	(5) Anterior
(6) Spine	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	Whole Area	Abbreviated Injury Scale	
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion	(1) Minor Injury	(2) Moderate Injury
(3) Nerves	(06) Skin - Laceration	(3) Serious Injury	(4) Severe Injury
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion	(5) Critical Injury	(6) Maximum (untreatable)
(5) Skeletal (includes joints)	(10) Amputation	(7) Injured, unknown severity	
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

SOURCE OF INJURY DATA**INJURY SOURCE****DIRECT/INDIRECT INJURY****CONFIDENCE LEVEL**OFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No☐ YesBlood Alcohol
Level (mg/dl)

BAL = ____

Glasgow Coma
Scale ScoreGCSS = 15
(E, V, R)Units of Blood
Given

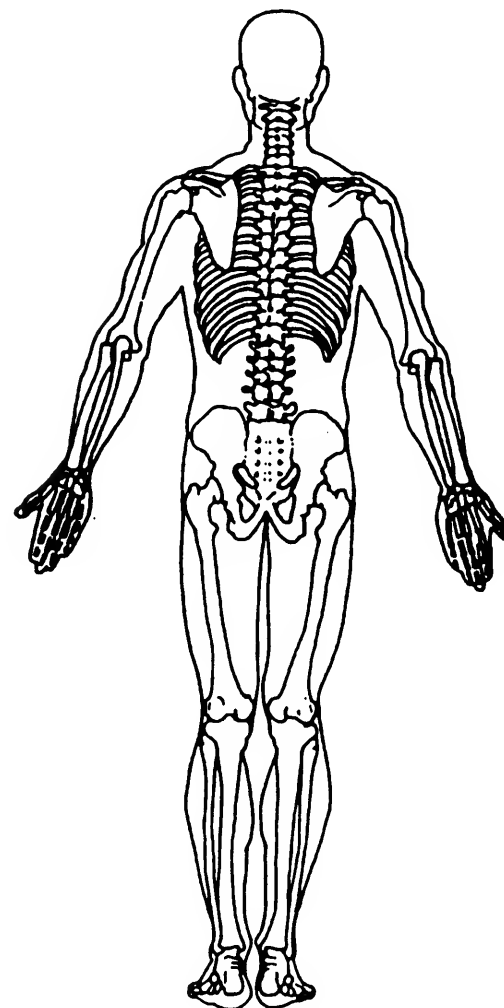
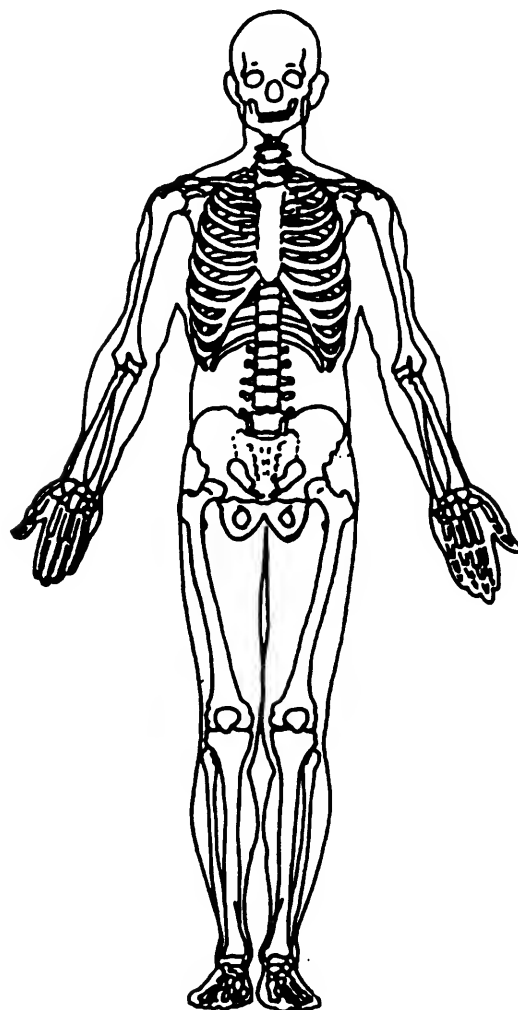
Units = ____

Arterial Blood
Gases

pH = ____

PO₂ = ____PCO₂ = ____HCO₃ = ____

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify): _____
- (019) Other front object (specify): _____

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify): _____
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify): _____

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify): _____
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify): _____

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify): _____
- (155) Head restraint system
- (160) Other occupants (specify): _____
- (161) Interior loose objects
- (162) Child safety seat (specify): _____
- (163) Other interior object (specify): _____

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side and jewelry
- (173) Air bag-driver side and object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side and eyewear
- (177) Air bag compartment cover-driver side and jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side and eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify): _____
- (195) Other air bag compartment cover (specify): _____

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top

FLOOR

- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify): _____

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify): _____
- (409) Additional or relocated switches, (specify): _____
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify): _____

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g. outside mirror, antennae)
- (453) Other exterior surface or tires (specify): _____
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify): _____
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify): _____
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify): _____
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify): _____
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify): _____
- (604) Air bag exhaust gases
- (697) Injured, unknown source

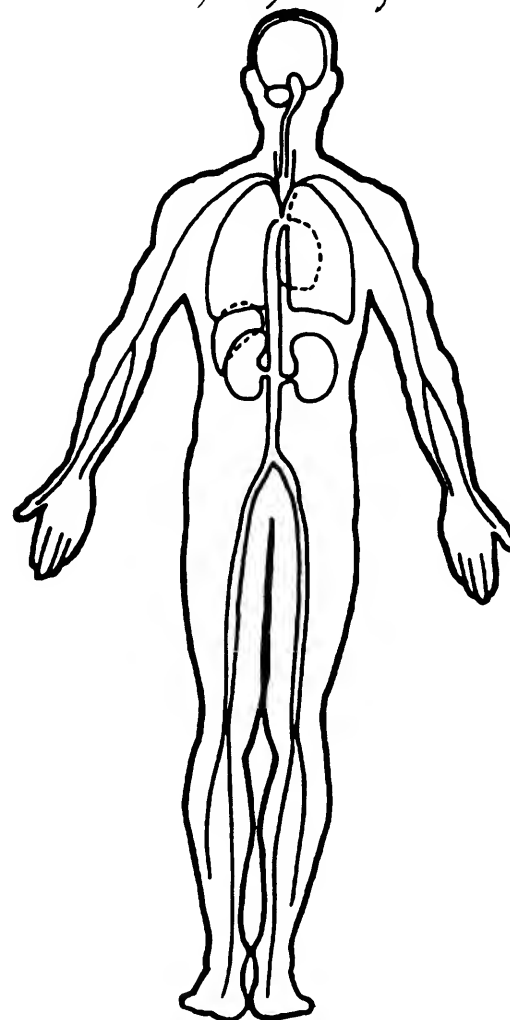
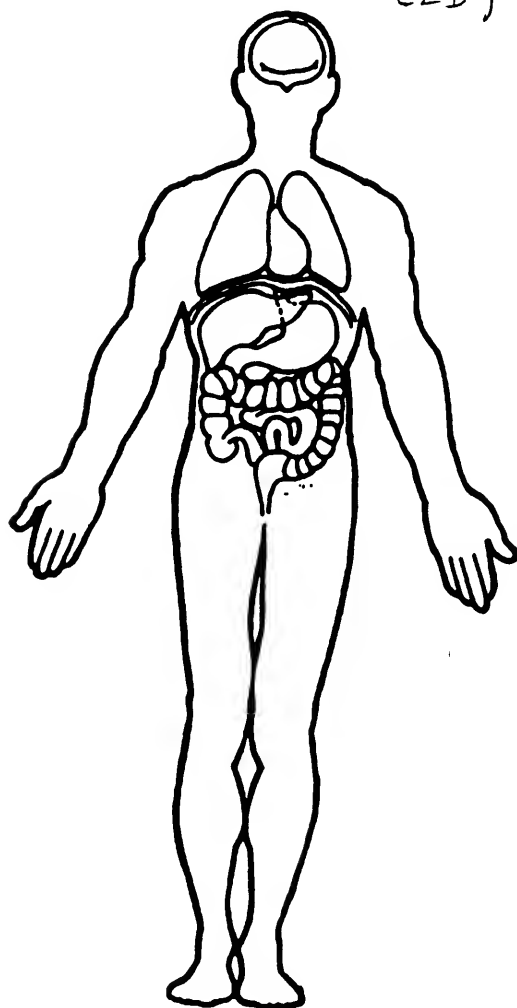
OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Oriented
(ED)

CN II-XII (OK)
(NN)

• No LOC, Alert
(EN, ED, NN)



CAUSE OF DEATH

Not applicable!

ICD-9-CM

(RR) 913.0 : Abrasion of elbow, forearm, or wrist
920 : Contusion of face, scalp, or neck

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	Not Tested!	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR Registration Record

DIAG HURT LT ARM/RT ARM

EMERGENCY DEPARTMENT RECORD

		BIRTHDATE 45		SOC. SEC. NO.		MEDICAL RECORD NO.	
CHIEF COMPLAINT:		ARRIVAL BY: <input type="checkbox"/> Private Car <input checked="" type="checkbox"/> Ambulance <input type="checkbox"/> Police					
NURSES NOTES	PT - b/o ED for c/o an accident. 4p to injury to left forearm. states she hit her arm on window ledge. No LOC. Also c/o bruising to left orbit. No lacerations. Still ED to left arm. Poking P.D. 4						TIME AM PM
	ALLERGIES N/A		MEDICATIONS - CURRENT none				
	CONDITION ON ADMISSION Alert	TEMP 100	ORAL ANAL	P 42	R 20	BP 134/71	LAST ATE LTT UTO
	TIME SEEN AM						
PHYSICIANS' REPORT	Subj - Involved in van/bus MVA ~ 1 st 150 - hit side. of face & abrasion to R arm. P.K.O. Current immunizations up-to-date Ambulatory						
	HEENT - negative Erythema lateral @ eye brow. No tongue tenderness ENT						
	Back - & cervical, thoracic or lumbosacral tenderness						
	Chest - Clear @ breath sounds. & chest wall tenderness heart no rate.						
	Abd - @ BS soft, nontender						
	Legs - atraumatic. Fem. Pedal pulses @ & point tenderness						
	Exam - abrasion, swelling & erythema distal upper arm & point tenderness fem. Radial pulse @ Insert @ upper arm						
	DIAGNOSIS: ① Contusion to left Eyebrow ② Exam - & tenderness fem. radial pulse						
	② Abrasion/Contusion to Right arm CONDITION ON DISCHARGE Foley/Stable						
	PROCEDURES: DISPOSITION: Home						
ORDERS	Per BIP		MEDITATIONS				
			Mr. Pickens 17-402 37yo 76"				
	Release		Note.				
INSTRUCTIONS	Ice to sore areas for 20 min every 2-3 hr.						
	Medication as directed for pain						
	MVA Sheet						
	Recheck with Dr. on time of no improvement in 3-4 days.						
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE.							

DISCHARGE

45

BEST AVAILABLE

REGISTRATION RECORD

ACCOUNT NUMBER			FC	BIRTHDATE	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO.
			CM		9			ER	ER	
PUBLISH	SEX	MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME	ADM. SOURCE	BROUGHT BY	ADMIT TIME		
NO	F		NO		SAME	7	AMBL	95		09:52 AM
ACCIDENT	ACCIDENT TIME			REL TO PREGNANCY	RELIGION	CHURCH	ADMIT BY	DISCHARGE TIME		
01				95 NO				95		
PATIENT / EMPLOY / GUARANTOR / ETC	IN COUNTY				RELATIVE	SSN / PHYS		ADM: ATD: FAM:		
	NURSING HOME				COU					
	IN				INSURANCE	IN 46206		PRECERT		
	IN 00000							PRECERT		
ADMITTING DIAGNOSIS / COMPLAINT						REMARKS:		PRECERT		DRG
HURT LT ARM/RT ARM CUT										
FINAL DIAGNOSES:										

920
913.0

OPERATIONS
AND PROCEDURES:

DISPOSITION	<input type="checkbox"/> HOME	<input type="checkbox"/> DIED UNDER 48 HOURS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> TRANSFERRED HOSPITAL	<input type="checkbox"/> AGAINST ADVICE
	<input type="checkbox"/> ADMIT TIME	<input type="checkbox"/> DIED OVER 48 HOURS	<input type="checkbox"/> NO AUTOPSY	<input type="checkbox"/> TRANSFERRED SFC	<input type="checkbox"/> OTHER
CONSULTATION WITH:				CONDITION ON DISCHARGE:	

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge.

TIME / DATE

SIGNED

PHYSICIAN

EMERGENCY DEPARTMENT
PROGRESS NOTES

BEST AVAILABLE

Please use name plate imprinter

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
195-	<p>The patient was seen. Both vehicles caught fire Passenger in bus/truck accident. Both vehicles caught fire ^{out} at end of vehicle @ scene a/o (C) lateral eye contusion & ecchymosis + ecchymosis to both forearms near elbows No neck abt, a/s/b/p/lin leg pain dx pt walked.</p>
	<p>016 176-23 PULC COM. - N 71-271 (C) The patient - no pain in h/o Contusion ecchymosis (C) lateral eye brow Tenderness Neck supple Head supple Back ant/lt chest nontender Abdomen soft NT = Nontender Abt ant/lt Pelvis n7 Ecchymosis 10x x 3-5cm to posterior surfaces of both upper forearms near to elbows hemorrhage TREN. p/s & Swelling (C)</p>
	<p>management? mother Discussed management with mother indications for release & follow up (- base head back, cloudy a/s/b/p/lin, dx's pain)</p>



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

08

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number		
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity						
1st	5. <u>9</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

Abrasion
upper
extremity

.I.S. - 90

	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE

Form Approved
O.M.B. No. 2127-0021

OCCUPANT INJURY FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9516

4. Occupant Number

09

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	A.I.S. - 90						Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number	
	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect					
Abrasion Scalp 1st	5. <u>9</u>	6. <u>1</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
2nd	16. ____	17. ____	18. ____	19. ____	20. ____	21. ____	22. ____	23. ____	24. ____	25. ____	26. ____
3rd	27. ____	28. ____	29. ____	30. ____	31. ____	32. ____	33. ____	34. ____	35. ____	36. ____	37. ____
4th	38. ____	39. ____	40. ____	41. ____	42. ____	43. ____	44. ____	45. ____	46. ____	47. ____	48. ____
5th	49. ____	50. ____	51. ____	52. ____	53. ____	54. ____	55. ____	56. ____	57. ____	58. ____	59. ____
6th	60. ____	61. ____	62. ____	63. ____	64. ____	65. ____	66. ____	67. ____	68. ____	69. ____	70. ____
7th	71. ____	72. ____	73. ____	74. ____	75. ____	76. ____	77. ____	78. ____	79. ____	80. ____	81. ____
8th	82. ____	83. ____	84. ____	85. ____	86. ____	87. ____	88. ____	89. ____	90. ____	91. ____	92. ____
9th	93. ____	94. ____	95. ____	96. ____	97. ____	98. ____	99. ____	100. ____	101. ____	102. ____	103. ____
10th	104. ____	105. ____	106. ____	107. ____	108. ____	109. ____	110. ____	111. ____	112. ____	113. ____	114. ____

.I.S. - 90

	A.I.S. - 90								Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
11th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
12th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
13th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
14th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
15th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
16th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
17th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
18th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
19th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
20th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
21st	—	—	—	— — —	—	—	— — — —	—	—	— — —	
22nd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
23rd	—	—	—	— — —	—	—	— — — —	—	—	— — —	
24th	—	—	—	— — —	—	—	— — — —	—	—	— — —	
25th	—	—	—	— — —	—	—	— — — —	—	—	— — —	



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10

3. Vehicle Number

01

2. Case Number - Stratum

9510

4. Occupant Number

10

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number			
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity							
Abrasion upper extremity	1st	5. <u>9</u>	6. <u>7</u>	7. <u>9</u>	8. <u>02</u>	9. <u>02</u>	10. <u>1</u>	11. <u>9</u>	12. <u>697</u>	13. <u>9</u>	14. <u>7</u>	15. <u>00</u>
	2nd	16. <u> </u>	17. <u> </u>	18. <u> </u>	19. <u> </u>	20. <u> </u>	21. <u> </u>	22. <u> </u>	23. <u> </u>	24. <u> </u>	25. <u> </u>	26. <u> </u>
	3rd	27. <u> </u>	28. <u> </u>	29. <u> </u>	30. <u> </u>	31. <u> </u>	32. <u> </u>	33. <u> </u>	34. <u> </u>	35. <u> </u>	36. <u> </u>	37. <u> </u>
	4th	38. <u> </u>	39. <u> </u>	40. <u> </u>	41. <u> </u>	42. <u> </u>	43. <u> </u>	44. <u> </u>	45. <u> </u>	46. <u> </u>	47. <u> </u>	48. <u> </u>
	5th	49. <u> </u>	50. <u> </u>	51. <u> </u>	52. <u> </u>	53. <u> </u>	54. <u> </u>	55. <u> </u>	56. <u> </u>	57. <u> </u>	58. <u> </u>	59. <u> </u>
	6th	60. <u> </u>	61. <u> </u>	62. <u> </u>	63. <u> </u>	64. <u> </u>	65. <u> </u>	66. <u> </u>	67. <u> </u>	68. <u> </u>	69. <u> </u>	70. <u> </u>
	7th	71. <u> </u>	72. <u> </u>	73. <u> </u>	74. <u> </u>	75. <u> </u>	76. <u> </u>	77. <u> </u>	78. <u> </u>	79. <u> </u>	80. <u> </u>	81. <u> </u>
	8th	82. <u> </u>	83. <u> </u>	84. <u> </u>	85. <u> </u>	86. <u> </u>	87. <u> </u>	88. <u> </u>	89. <u> </u>	90. <u> </u>	91. <u> </u>	92. <u> </u>
	9th	93. <u> </u>	94. <u> </u>	95. <u> </u>	96. <u> </u>	97. <u> </u>	98. <u> </u>	99. <u> </u>	100. <u> </u>	101. <u> </u>	102. <u> </u>	103. <u> </u>
	10th	104. <u> </u>	105. <u> </u>	106. <u> </u>	107. <u> </u>	108. <u> </u>	109. <u> </u>	110. <u> </u>	111. <u> </u>	112. <u> </u>	113. <u> </u>	114. <u> </u>

OCCUPANT INJURY DATA

	Source of Injury Data	A.I.S. - 90					Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
		Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — — —	—	—	— — —

Appendix M:

NASS CDS OCCUPANT ASSESSMENT FORM:

VEHICLE #2 DRIVER



OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number	<u>10</u>
2. Case Number - Stratum	<u>9516</u>
3. Vehicle Number	<u>02</u>
4. Occupant Number	<u>01</u>

OCCUPANT'S CHARACTERISTICS

5. Occupant's Age	<u>48</u>
Code actual age at time of accident.	
(00) Less than one year old (specify by month): _____	
(97) 97 years and older _____	
(99) Unknown _____	
6. Occupant's Sex	<u>2</u>
(1) Male	
(2) Female-not reported pregnant	
(3) Female-pregnant-1st trimester(1st-3rd month)	
(4) Female-pregnant-2nd trimester(4th-6th month)	
(5) Female-pregnant-3rd trimester(7th-9th month)	
(6) Female-pregnant-term unknown	
(9) Unknown	
7. Occupant's Height	<u>170</u>
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>67</u> inches X 2.54 = <u>170</u> centimeters	
8. Occupant's Weight	<u>066</u>
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>145</u> pounds X .4536 = <u>65.7</u> kilograms	
9. Occupant's Role	<u>1</u>
(1) Driver	
(2) Passenger	
(9) Unknown	

OCCUPANT'S SEATING

10. Occupant's Seat Position	<u>11</u>
<i>Front Seat</i>	
(11) Left side	
(12) Middle	
(13) Right side	
(14) Other (specify): _____	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify): _____	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify): _____	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify): _____	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify): _____	
(99) Unknown	
11. Occupant's Posture	<u>0</u>
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify): _____	
(9) Unknown	

EJECTION/ENTRAPMENT12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)
(specify): _____
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): _____
- (5) Integral structure
- (8) Other medium (specify): _____
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

- (0) Not entrapped/exit not inhibited
- (1) Entrapped/pinned - mechanically restrained
- (2) Could not exit vehicle due to jammed doors, fire, etc.
(specify): _____
- (9) Unknown

17. Occupant Mobility 4

- (0) Occupant fatal before removed from vehicle
- (1) Removed from vehicle while unconscious or disoriented
- (2) Removed from vehicle due to injuries
- (3) Exited vehicle with some assistance
- (4) Exited vehicle under own power
- (5) Occupant fully ejected
- (9) Unknown

BELT SYSTEM FUNCTION

18. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):

(9) Unknown

19. Manual (Active) Belt System Use 0 4

(00) None used, not available, or belt removed/destroyed

(01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

20. Proper Use of Manual (Active) Belts 1

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

21. Manual (Active) Belt Failure Modes 9
During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

22. Shoulder Belt Upper Anchorage Adjustment 1

- (0) No shoulder belt
- (1) No upper anchorage adjustment for shoulder belt

Adjustable shoulder Belt Upper Anchorage

- (2) In full up position
- (3) In mid position
- (4) In full down position
- (5) Position unknown
- (9) Unknown if position has adjustable upper anchorage adjustment

23. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

Non-functional

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

24. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):
- (3) Automatic belt use unknown
- (9) Unknown

25. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

26. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of automatic belt system (specify):

(9) Unknown

27. Automatic (Passive) Belt Failure Modes 0
During Accident

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other automatic belt failure (specify):

(9) Unknown

POLICE REPORTED RESTRAINT USE	AIR BAG SYSTEM FUNCTION
<p>28. Police Reported Belt Use <u>3</u></p> <p>(0) None used</p> <p>(1) Police did not indicate belt use</p> <p>(2) Shoulder belt</p> <p>(3) Lap belt</p> <p>(4) Lap and shoulder belt</p> <p>(5) Belt used, type not specified</p> <p>(6) Child safety seat</p> <p>(7) Automatic belt</p> <p>(8) Other type belt, (specify): _____</p> <p>(9) Police indicated "unknown" _____</p>	<p>30. Frontal Air Bag System Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled _____</p> <p>(9) Unknown _____</p>
<p>29. Police Reported Air Bag Availability/Function <u>1</u></p> <p>(0) No air bag available</p> <p>(1) Police did not indicate air bag availability/function</p> <p>(2) Deployed</p> <p>(3) Not deployed</p> <p>(4) Unknown if deployed</p> <p>(9) Police indicated "unknown"</p>	<p>31. Frontal Air Bag System Deployment (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
<p>Check the Primary Source Used In Determining Belt Use.</p> <p><input type="checkbox"/> Not equipped/not available/destroyed or rendered inoperative</p> <p><input type="checkbox"/> Vehicle inspection</p> <p><input type="checkbox"/> Official injury data</p> <p><input checked="" type="checkbox"/> Driver/occupant interview</p> <p><input type="checkbox"/> Other (specify): _____</p> <p><input type="checkbox"/> Unknown if belt used _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>32. Other Than First Seat Frontal Air Bag Availability/Function (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) Air bag</p> <p><i>Non-functional</i></p> <p>(2) Air bag disconnected (specify): _____</p> <p>(3) Air bag not reinstalled _____</p> <p>(9) Unknown _____</p> <p><i>Specify type of "other" air bag present:</i> _____</p>
	<p>33. Air Bag(s) Deployment, Other Than First Seat Frontal (This Occupant Position) <u>0</u></p> <p>(0) Not equipped with an "other" air bag</p> <p>(1) Deployed during accident (as a result of impact)</p> <p>(2) Deployed inadvertently just prior to accident</p> <p>(3) Deployed, details unknown</p> <p>(4) Deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)</p> <p>(5) Unknown if deployed</p> <p>(7) Nondeployed</p> <p>(9) Unknown</p>
	<p>34. Are There Indications of Air Bag System Failure? (This Occupant Position) <u>0</u></p> <p>(0) Not equipped/not available</p> <p>(1) No</p> <p>(2) Yes (specify): _____</p> <p>(9) Unknown _____</p>

FIRST SEAT FRONTAL AIR BAG SYSTEM EVALUATION

35. Had Vehicle Been in Previous Accident(s)? 0

- (0) Not equipped/not available
(1) No previous accidents

Yes

- (2) Previous accident(s) without deployment(s)
(3) One previous accident with deployment
(4) More than one previous accident with at least one deployment
(8) Previous accidents, unknown deployment status
(9) Unknown

36. Type of Air Bag 0

- (0) Not equipped/not available
(1) Original manufacturer installed system
(2) Retrofitted air bag
(3) Replacement air bag
(8) Unknown type of air bag
(9) Unknown

37. Had Any Prior Maintenance/Service Been Performed On This Air Bag System? 0

- (0) Not equipped/not available
(1) No prior maintenance
(2) Yes, prior maintenance (specify):

(9) Unknown

38. Air Bag Deployment Accident Event Sequence Number 00

- (00) Not equipped/not available

Code the accident event sequence number that initiated the air bag deployment
(96) Deployed, unknown event
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

39. CDC For Air Bag Deployment Impact 0

- (0) Not equipped/not available
(1) Highest delta V
(2) Second highest delta V
(3) Other non-coded delta V (specify):

(6) Deployed, unknown event
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

40. Longitudinal Component of +

Delta V For Air Bag

Deployment Impact

(- 000) Not equipped/not available

Code the value of the delta V for the impact that initiated the air bag deployment

(- 996) Deployment, unknown longitudinal Delta V

(- 997) Not deployed

(- 998) Unknown if deployed

(- 999) Unknown

41. Did Air Bag Module Cover Flap(s) Open At Designated Tear Points? 0

- (0) Not equipped/not available
(1) No
(2) Yes
(3) Deployed, unknown if flap(s) opened at designated tear points
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

42. Were Air Bag Module Cover Flap(s) Damaged? 0

- (0) Not equipped/not available
(1) No
(2) Yes (specify):
(3) Deployed, unknown if air bag module cover flap(s) damaged
(7) Not deployed
(8) Unknown if deployed
(9) Unknown

43. Was There Damage To The Air Bag? 00

- (00) Not equipped/not available
(01) Not damaged

Yes - Air Bag Damage

- (02) Ruptured
(03) Cut
(04) Torn
(05) Holed
(06) Burned
(07) Abraded
(88) Other damage (specify):

- (95) Damaged, details unknown
(96) Deployed, unknown if damaged
(97) Not deployed
(98) Unknown if deployed
(99) Unknown

**FIRST SEAT FRONTAL AIR BAG SYSTEM
EVALUATION** *continued*

44. Source of Air Bag Damage 00
 (00) Not equipped/not available
 (01) Not damaged
 (02) Object worn by occupant, (specify):
 (03) Object carried by occupant, (specify):
 (04) Adaptive/assistive controls, (specify):
 (05) Fire in vehicle
 (06) Thermal burns
 (07) Rescue or emergency efforts
 (08) Other damage source (specify):
 (95) Damaged, unknown source
 (96) Deployed, unknown if damaged
 (97) Not deployed
 (98) Unknown if deployed
 (99) Unknown
45. Was The Air Bag Tethered? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of tether straps):
 (3) Deployed, unknown if tethered
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
46. Did The Air Bag Have Vent Ports? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify number of vent ports):
 (3) Deployed, unknown if vent ports present
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
47. Was the Air Bag in this Occupant's Position Contacted by Another Occupant? 0
 (0) Not equipped/not available
 (1) No
 (2) Yes (specify):
 (3) Deployed, unknown if other occupant contact to air bag
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown
48. Was This Occupant Wearing Eye-wear? 0
 (0) Not equipped/not available
 (1) No
 (2) Eyeglasses/sunglasses
 (3) Contact lenses
 (4) Deployed, unknown if eyewear worn
 (7) Not deployed
 (8) Unknown if deployed
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION

49. Head Restraint Type/Damage by Occupant at This Occupant Position 9
 (0) No head restraints
 (1) Integral—no damage
 (2) Integral—damaged during accident
 (3) Adjustable—no damage
 (4) Adjustable—damaged during accident
 (5) Add-on—no damage
 (6) Add-on—damaged during accident
 (8) Other (specify):
 (9) Unknown
50. Seat Type (this Occupant Position) 01
 (00) Occupant not seated or no seat
 (01) Bucket
 (02) Bucket with folding back
 (03) Bench
 (04) Bench with separate back cushions
 (05) Bench with folding back(s)
 (06) Split bench with separate back cushions
 (07) Split bench with folding back(s)
 (08) Pedestal (i.e., column supported)
 (09) Box mounted seat (i.e., van type)
 (10) Other seat type (specify):
 (99) Unknown
51. Seat Orientation (this Occupant Position) 1
 (0) Occupant not seated or no seat
 (1) Forward facing seat
 (2) Rear facing seat
 (3) Side facing seat (inward)
 (4) Side facing seat (outward)
 (8) Other (specify):
 (9) Unknown
52. Seat Track Adjusted Position Prior To Impact 1
 (0) Occupant not seated or no seat
 (1) Non-adjustable seat track
PER DRIVER
Adjustable Seat Track
 (2) Seat at forward most track position
 (3) Seat between forward most and middle track positions
 (4) Seat at middle track position
 (5) Seat between middle and rear most track positions
 (6) Seat at rear most track position
 (9) Unknown

HEAD RESTRAINT AND SEAT EVALUATION *continued***53. Seat Back Incline Prior and Post Impact** 01

- (00) Occupant not seated or no seat
 (01) Not adjustable

Upright prior to impact

- (11) Moved to completely rearward position
 (12) Moved to rearward midrange position
 (13) Moved to slightly rearward position
 (14) Retained pre-impact position
 (15) Moved to slightly forward position
 (16) Moved to forward midrange position
 (17) Moved to completely forward position

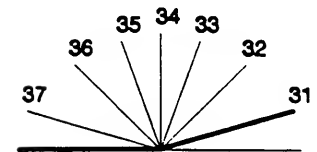
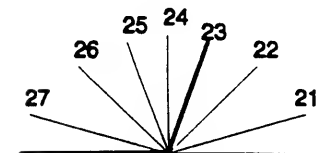
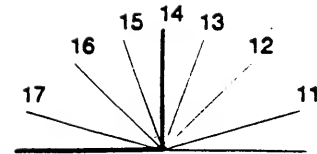
Slightly reclined prior to impact

- (21) Moved to completely rearward position
 (22) Moved to rearward midrange position
 (23) Retained pre-impact position
 (24) Moved to upright position
 (25) Moved to slightly forward position
 (26) Moved to forward midrange position
 (27) Moved to completely forward position

Completely reclined prior to impact

- (31) Retained pre-impact position
 (32) Moved to rearward midrange position
 (33) Moved to slightly rearward position
 (34) Moved to upright position
 (35) Moved to slightly forward position
 (36) Moved to forward midrange position
 (37) Moved to completely forward position

(99) Unknown

**54. Seat Performance (this Occupant Position)** 1

- (0) Occupant not seated or no seat
 (1) No seat performance failure(s)
 (2) Seat adjusters failed
 (3) Seat back folding locks or "seat back" failed
 (specify): _____
 (4) Seat track/anchors failed
 (5) Deformed by impact of occupant
 (6) Deformed by passenger compartment
 intrusion, (specify): _____
 (7) Combination of above (specify): _____
 (8) Other (specify): _____
 (9) Unknown

CHILD SAFETY SEAT

55. Child Safety Seat Make/Model 0 0 0

(000) No child safety seat

Applicable codes are found in your NASS CDS
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

56. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat - with shield

(5) Booster seat - without shield

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

57. Child Safety Seat Orientation 0 0

(00) No child safety seat

Designed for Rear Facing for This Age/Weight

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

Designed For Forward Facing for This Age/Weight

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

58. Child Safety Seat Harness Usage 0 059. Child Safety Seat Shield Usage 0 060. Child Safety Seat Tether Usage 0 0Note: Options below applicable to
Variables OA58-OA60.

(00) No child safety seat

Not Designed With Harness/Shield/Tether(01) After market harness/shield/tether
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market
harness/shield/tether added(09) Unknown if harness/shield/tether
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

INJURY CONSEQUENCES61. Injury Severity (Police Rating) 3

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

62. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

Nonfatal

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (7) Treatment - other (specify):

- (8) Transported to a medical facility-unknown if treated
- (9) Unknown

63. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

- (9) Unknown

64. Hospital Stay 00

- (00) Not Hospitalized
- _____ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

65. Working Days Lost 13

- _____ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

STOP WORK HERE**VARIABLES 66-74****TO BE CODED BY THE ZONE CENTER**

TO BE CODED BY THE ZONE CENTER**INJURY CONSEQUENCES**

66. Time to Death

Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)

- (00) Not fatal
(96) Fatal - ruled disease
(99) Unknown

67. 1st Medically Reported Cause of Death

68. 2nd Medically Reported Cause of Death

69. 3rd Medically Reported Cause of Death

Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death

- (00) Not fatal or no additional causes
(96) Mode of death given but specific injuries are not linked to cause of death. (specify):

(97) Other result (includes fatal ruled disease) (specify):

(99) Unknown

70. Number of Recorded Injuries for This Occupant

Code the actual number of injuries recorded for this occupant.

- (00) No recorded injuries
(97) Injured, details unknown
(99) Unknown if injured

TRAUMA DATA

71. Glasgow Coma Scale (GCS) Score (at Medical Facility)

- (00) Not injured
(01) Injured - not treated at medical facility
(02) No GCS Score at medical facility
(03-15) Code the actual value of the initial GCS Score recorded at medical facility.
(97) Injured, details unknown
(99) Unknown if injured

72. Was the Occupant Given Blood?

- (1) No - blood not given
(2) Yes - blood given
(specify units):
(9) Unknown if blood given

73. Arterial Blood Gases (ABG) - HCO₃

- (00) Not injured
(01) Injured, ABGs not measured or reported
(02-50) Code the actual value of the HCO₃
(96) ABGs reported, HCO₃ unknown
(97) Injured, details unknown
(99) Unknown if injured

BELT USE DETERMINATION

74. Primary Source of Belt Use Determination

- (0) Not equipped/not available/destroyed or rendered inoperative
(1) Vehicle inspection
(2) Official injury data
(3) Driver/occupant interview
(8) Other (specify):
(9) Unknown if belt used

Appendix N:

NASS CDS OCCUPANT INJURY FORM:

VEHICLE #2 DRIVER



U.S. Department of Transportation
National Highway Traffic Safety
Administration

OCCUPANT INJURY FORM

BEST AVAILABLE
Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number <u>10</u>		3. Vehicle Number <u>02</u>	
2. Case Number - Stratum <u>9516</u>		4. Occupant Number <u>01</u>	

INJURY DATA													
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.													
Source of Injury Data	Body Region	A.I.S. - 90				Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number				
		Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity					Aspect			
Laceration ① 1st knee	5. <u>3</u>	6. <u>8</u>	7. <u>9</u>	8. <u>06</u>	9. <u>02</u>	10. <u>1</u>	11. <u>2</u>	12. <u>010</u>	13. <u>2</u>	14. <u>1</u>	15. <u>99</u>		
Contusion ① 2nd knee	16. <u>3</u>	17. <u>8</u>	18. <u>9</u>	19. <u>04</u>	20. <u>02</u>	21. <u>1</u>	22. <u>2</u>	23. <u>010</u>	24. <u>2</u>	25. <u>1</u>	26. <u>99</u>		
Contusion ② 3rd knee	27. <u>3</u>	28. <u>8</u>	29. <u>9</u>	30. <u>04</u>	31. <u>02</u>	32. <u>1</u>	33. <u>1</u>	34. <u>010</u>	35. <u>2</u>	36. <u>1</u>	37. <u>99</u>		
Laceration ③ 4th ankle	38. <u>3</u>	39. <u>8</u>	40. <u>9</u>	41. <u>06</u>	42. <u>02</u>	43. <u>1</u>	44. <u>1</u>	45. <u>254</u>	46. <u>3</u>	47. <u>1</u>	48. <u>99</u>		
Laceration ④ 5th ankle	49. <u>3</u>	50. <u>8</u>	51. <u>9</u>	52. <u>06</u>	53. <u>02</u>	54. <u>1</u>	55. <u>2</u>	56. <u>010</u>	57. <u>2</u>	58. <u>1</u>	59. <u>99</u>		
Abrasion ⑤ 6th shoulder	60. <u>3</u>	61. <u>7</u>	62. <u>9</u>	63. <u>02</u>	64. <u>02</u>	65. <u>1</u>	66. <u>2</u>	67. <u>152</u>	68. <u>2</u>	69. <u>1</u>	70. <u>00</u>		
Contusion chest 7th	71. <u>7</u>	72. <u>4</u>	73. <u>9</u>	74. <u>04</u>	75. <u>02</u>	76. <u>1</u>	77. <u>4</u>	78. <u>152</u>	79. <u>2</u>	80. <u>1</u>	81. <u>00</u>		
Contusion ① 8th shoulder	82. <u>7</u>	83. <u>7</u>	84. <u>9</u>	85. <u>04</u>	86. <u>02</u>	87. <u>1</u>	88. <u>2</u>	89. <u>152</u>	90. <u>2</u>	91. <u>1</u>	92. <u>00</u>		
Contusion ① 9th forearm	93. <u>7</u>	94. <u>7</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>2</u>	100. <u>010</u>	101. <u>2</u>	102. <u>1</u>	103. <u>99</u>		
Sprain ① 10th ankle	104. <u>7</u>	105. <u>8</u>	106. <u>5</u>	107. <u>02</u>	108. <u>06</u>	109. <u>1</u>	110. <u>2</u>	111. <u>251</u>	112. <u>2</u>	113. <u>1</u>	114. <u>99</u>		

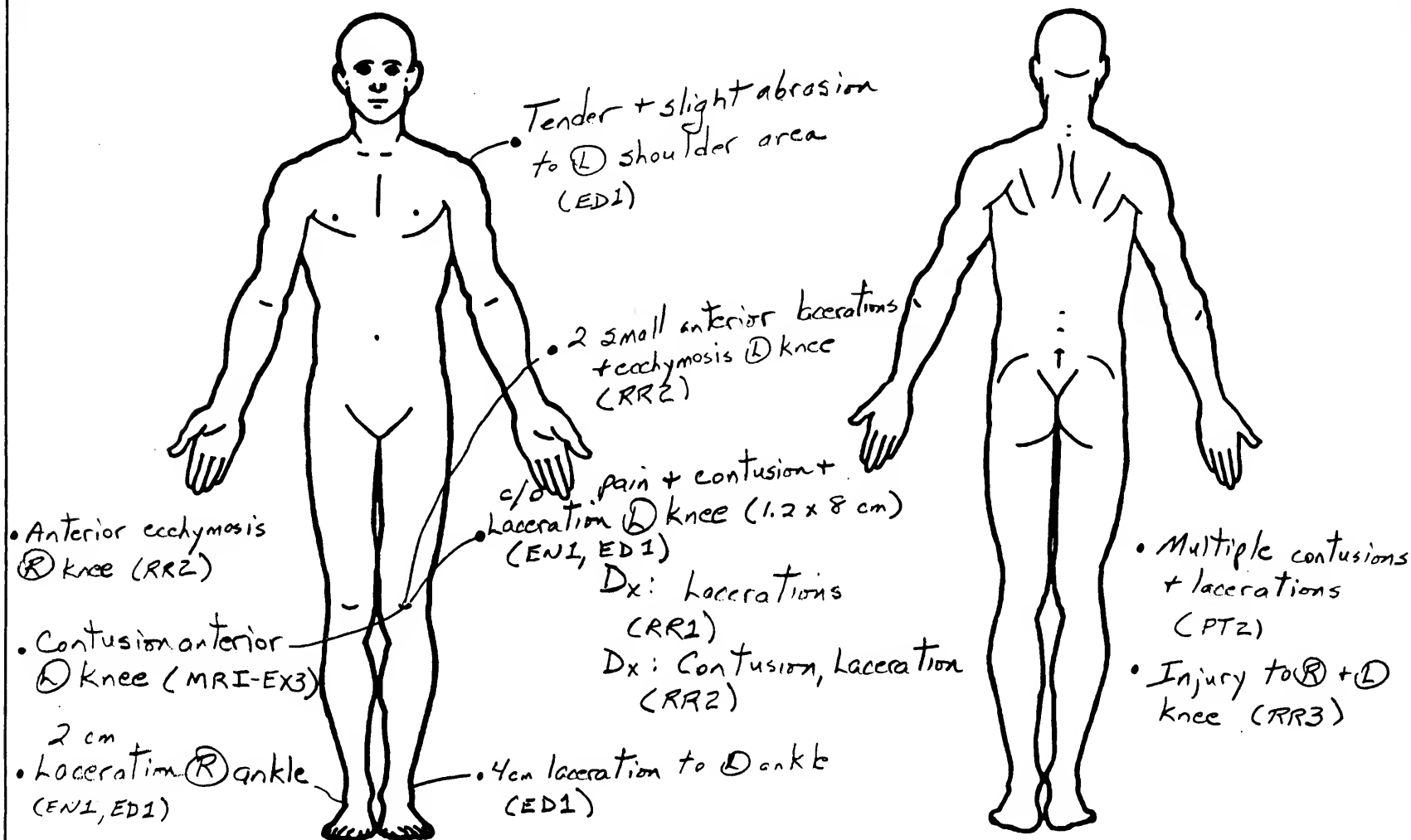
OCCUPANT INJURY DATA											
	A.I.S. - 90							Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number	
Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source				
tusion ankle	<u>7</u>	<u>8</u>	<u>9</u>	<u>04</u>	<u>02</u>	<u>1</u>	<u>2</u>	<u>251</u>	<u>2</u>	<u>1</u>	<u>99</u>
12th	—	—	—	---	---	—	----	—	—	---	
13th	—	—	—	---	---	—	----	—	—	---	
14th	—	—	—	---	---	—	----	—	—	---	
15th	—	—	—	---	---	—	----	—	—	---	
16th	—	—	—	---	---	—	----	—	—	---	
17th	—	—	—	---	---	—	----	—	—	---	
18th	—	—	—	---	---	—	----	—	—	---	
19th	—	—	—	---	---	—	----	—	—	---	
20th	—	—	—	---	---	—	----	—	—	---	
21st	—	—	—	---	---	—	----	—	—	---	
22nd	—	—	—	---	---	—	----	—	—	---	
23rd	—	—	—	---	---	—	----	—	—	---	
24th	—	—	—	---	---	—	----	—	—	---	
25th	—	—	—	---	---	—	----	—	—	---	

Contusion
11th
(2) ankle

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Dash board injury both knees (RR2, EX3)

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



OCCUPANT INJURY CLASSIFICATION

Body Region	Specific Anatomic Structure	Level of Injury	Aspect
(1) Head		Specific injuries are assigned consecutive two-digit numbers beginning with 02.	(1) Right
(2) Face			(2) Left
(3) Neck	<u>Vessels, Nerves, Organs.</u>		(3) Bilateral
(4) Thorax	<u>Bones, Joints</u> are assigned consecutive two digit numbers beginning with 02.		(4) Central
(5) Abdomen		To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure.	(5) Anterior
(6) Spine		99 is assigned to any injury NFS as to lesion or severity.	(6) Posterior
(7) Upper Extremity			(7) Superior
(8) Lower Extremity			(8) Inferior
(9) Unspecified	The exceptions to this rule apply to:		(9) Unknown
			(0) Whole region
Type of Anatomic Structure	<u>Whole Area</u>		
(1) Whole Area	(02) Skin - Abrasion		
(2) Vessels	(04) Skin - Contusion		
(3) Nerves	(06) Skin - Laceration		
(4) Organs (includes Muscles/ligaments)	(08) Skin - Avulsion		
(5) Skeletal (includes joints)	(10) Amputation		
(6) Head - LOC	(20) Burn		
(9) Skin	(30) Crush		
	(40) Degloving		
	(50) Injury - NFS		
	(90) Trauma, other than mechanical		
	<u>Head - LOC</u>		
	(02) Length of LOC		
	(04) Level		
	(06) of		
	(08) Consciousness		
	(10) Concussion		
	<u>Spine</u>		
	(02) Cervical		
	(04) Thoracic		
	(06) Lumbar		

Abbreviated Injury Scale

- (1) Minor Injury
- (2) Moderate Injury
- (3) Serious Injury
- (4) Severe Injury
- (5) Critical Injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

SOURCE OF INJURY DATAOFFICIAL RECORDS

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL RECORDS

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**CONFIDENCE LEVEL**

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

___ No

___ Yes

Blood Alcohol
Level (mg/dl)

BAL = ___

Glasgow Coma
Scale ScoreGCSS = 15
(ED1)Units of Blood
Given

Units = ___

Arterial Blood
Gases

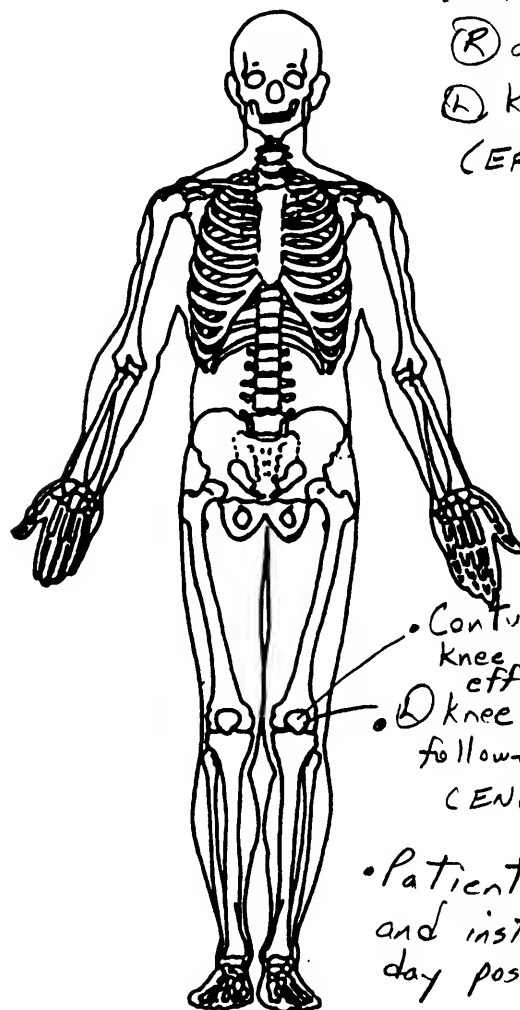
pH = ___

PO₂ = ___PCO₂ = ___HCO₃ = ___

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

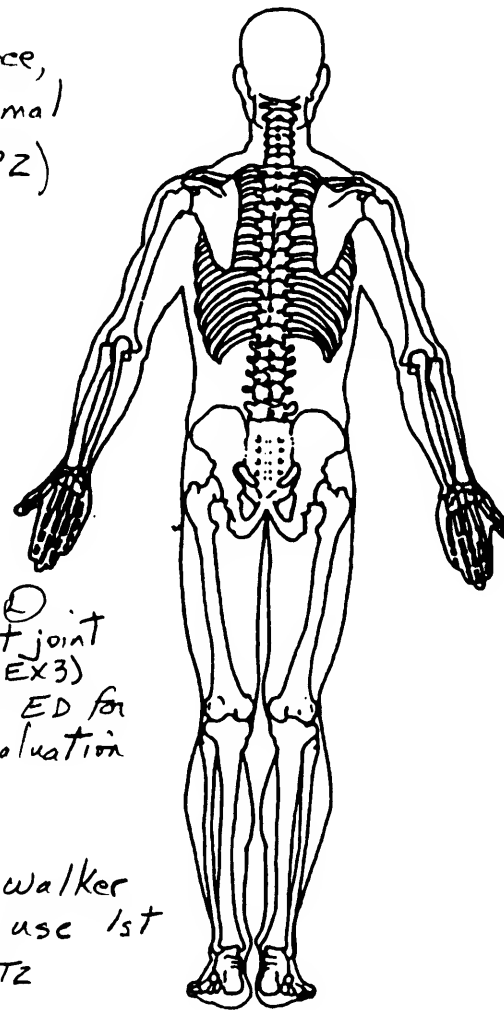
• X-rays:

Ⓡ ankle, Ⓡ knee,
Ⓛ knee — Normal
(ER1, EX1, RR2)



• Contusion anterior Ⓛ knee, no significant joint effusion (MRI-EX3)
• Ⓛ knee injury: To ED for follow-up ortho evaluation (EN2)

• Patient needed walker and instructions on use 1st day post-crash (PT2)



INJURY SOURCES

FRONT

- (001) Windshield
- (002) Mirror
- (003) Sunvisor
- (004) Steering wheel rim
- (005) Steering wheel hub/spoke
- (006) Steering wheel (combination of codes 004 and 005)
- (007) Steering column, transmission selector lever, other attachment
- (008) Cellular telephone or CB radio
- (009) Add on equipment (e.g., tape deck, air conditioner)
- (010) Left instrument panel and below
- (011) Center instrument panel and below
- (012) Right instrument panel and below
- (013) Glove compartment door
- (014) Knee bolster
- (015) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (016) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (017) Windshield reinforced by exterior object (specify):
- (019) Other front object (specify):

LEFT SIDE

- (051) Left side interior surface, excluding hardware or armrests
- (052) Left side hardware or armrest
- (053) Left A (A1/A2)-pillar
- (054) Left B-pillar
- (055) Other left pillar (specify):
- (056) Left side window glass
- (057) Left side window frame
- (058) Left side window sill
- (059) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (060) Other left side object (specify):

RIGHT SIDE

- (101) Right side interior surface, excluding hardware or armrests

- (102) Right side hardware or armrest
- (103) Right A (A1/A2)-pillar
- (104) Right B-pillar
- (105) Other right pillar (specify):
- (106) Right side window glass
- (107) Right side window frame
- (108) Right side window sill
- (109) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (110) Other right side object (specify):

INTERIOR

- (151) Seat, back support
- (152) Belt restraint webbing/buckle
- (153) Belt restraint B-pillar or door frame attachment point
- (154) Other restraint system component (specify):
- (155) Head restraint system
- (160) Other occupants (specify):
- (161) Interior loose objects
- (162) Child safety seat (specify):
- (163) Other interior object (specify):

AIR BAG

- (170) Air bag-driver side
- (171) Air bag-driver side and eyewear
- (172) Air bag-driver side end jewelry
- (173) Air bag-driver side end object held
- (174) Air bag-driver side and object in mouth
- (175) Air bag compartment cover-driver side
- (176) Air bag compartment cover-driver side end eyewear
- (177) Air bag compartment cover-driver side end jewelry
- (178) Air bag compartment cover-driver side and object held
- (179) Air bag compartment cover-driver side and object in mouth
- (180) Air bag-passenger side
- (181) Air bag-passenger side and eyewear
- (182) Air bag-passenger side and jewelry

- (183) Air bag-passenger side and object held
- (184) Air bag-passenger side and object in mouth
- (185) Air bag compartment cover-passenger side
- (186) Air bag compartment cover-passenger side end eyewear
- (187) Air bag compartment cover-passenger side and jewelry
- (188) Air bag compartment cover-passenger side and object held
- (189) Air bag compartment cover-passenger side and object in mouth
- (190) Other air bag (specify)
- (195) Other air bag compartment cover (specify)

ROOF

- (201) Front header
- (202) Rear header
- (203) Roof left side rail
- (204) Roof right side rail
- (205) Roof or convertible top
- (251) Floor (including toe pan)
- (252) Floor or console mounted transmission lever, including console
- (253) Parking brake handle
- (254) Foot controls including parking brake

REAR

- (301) Backlight (rear window)
- (302) Backlight storage rack, door, etc.
- (303) Other rear object (specify):

ADAPTIVE (ASSISTIVE) DRIVING EQUIPMENT

- (401) Hand controls for braking/acceleration
- (402) Steering control devices (attached to OEM steering wheel)
- (403) Steering knob attached to steering wheel
- (405) Replacement steering wheel (i.e., reduced diameter)
- (406) Joy stick steering controls
- (407) Wheelchair tie-downs
- (408) Modification to seat belts, (specify):
- (409) Additional or relocated switches, (specify):
- (410) Raised roof

- (411) Wall mounted head rest (used behind wheel chair)
- (412) Other adaptive device (specify):

EXTERIOR of OCCUPANT'S VEHICLE

- (451) Hood
- (452) Outside hardware (e.g., outside mirror, antennal
- (453) Other exterior surface or tires (specify):
- (454) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (501) Front bumper
- (502) Hood edge
- (503) Other front of vehicle (specify):
- (504) Hood
- (505) Hood ornament
- (506) Windshield, roof rail, A-pillar
- (507) Side surface
- (508) Side mirrors
- (509) Other side protrusions (specify):
- (510) Rear surface
- (511) Undercarriage
- (512) Tires and wheels
- (513) Other exterior of other motor vehicle (specify):
- (514) Unknown exterior of other motor vehicle

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (551) Ground
- (598) Other vehicle or object (specify):
- (599) Unknown vehicle or object

NONCONTACT INJURY

- (601) Fire in vehicle
- (602) Flying glass
- (603) Other noncontact injury source (specify):
- (604) Air bag exhaust gases
- (697) Injured, unknown source

OFFICIAL INJURY DATA - INTERNAL INJURIES

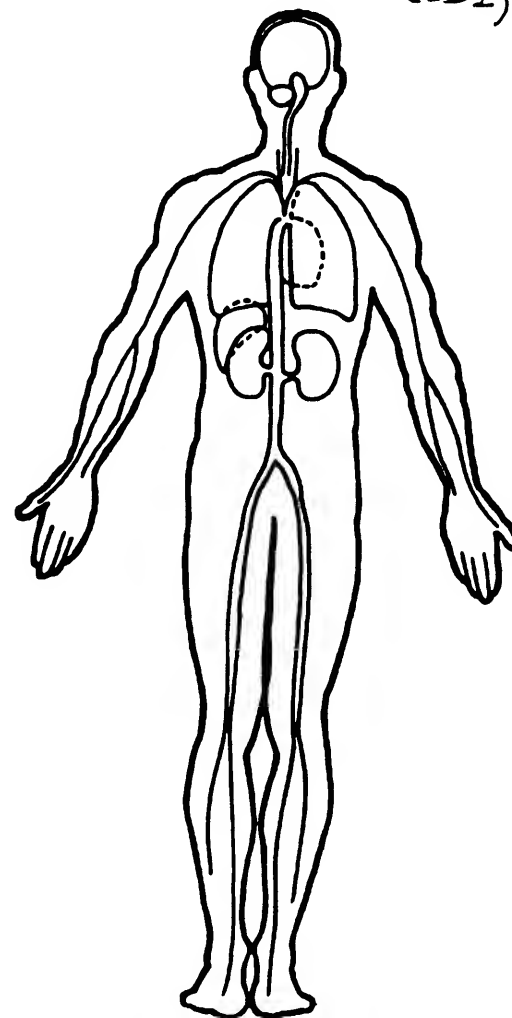
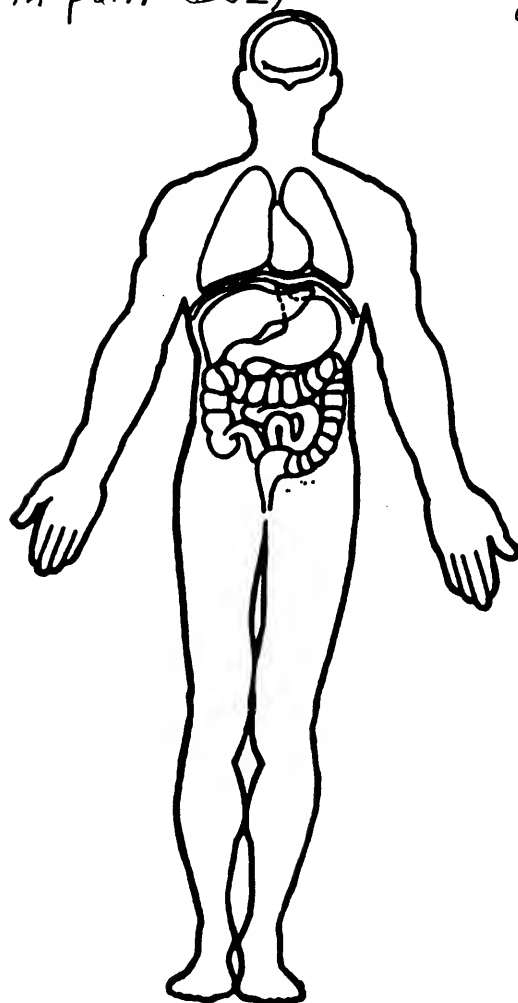
Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

• Alert + oriented x3
in pain (ED1)

• CN II - XII ⊖
(ED1)

• No LOC
(EN1)

• Denies LOC
(ED1)



CAUSE OF DEATH

Not Applicable

ICD-9-CM

RR1 891.0: Open wound of knee, lower leg, or ankle without complication
 RR2 924.11: Contusion knee

RR1 86.59: Suture skin and subcutaneous tissue @ other sites

OTHER DRUGS (GV16)

Specimen Test Type	Drug(s)	Drug Type
<input type="checkbox"/> Blood and urine tests <input type="checkbox"/> Blood test only <input type="checkbox"/> Urine test only <input type="checkbox"/> Other test <input type="checkbox"/> Unspecified	Not tested!	

MEDICAL RECORD ABBREVIATIONS

Symbol	Record Type Description
A	Autopsy—medical information based upon an invasive examination of a body
ME	Medical examiner's record—where the information reported on the patient is based on a non-invasive examination of the body
AR	Admission record/summary—any medical information on this record should be considered as post-ER since it summarizes the patient's admission; these records are common in short hospitalizations and usually only contain: admission DX(s), final DX(s), and a listing of surgical treatments; ICD-9-CM codes are frequently available.
FS	Admission/discharge face sheet—face sheets are essentially the same as admission record/summaries and contain the same types of information as discussed above
DS	Discharge summary—shorten history of a patient's hospitalization highlighting the patient's major injuries; this record is often written from the perspective of its author which in many cases is a consultant
OS	Operative record—summary of a performed surgical operation often providing detailed information about a specific trauma; patients who survive the surgery are normally admitted; thus, this record is normally considered post-ER; however, if this record results from an outpatient surgery, then treat it as emergency-room related
FX	Radiographic records—taken after the patient has been admitted, or while in surgery or intensive care
PN	Patient progress notes—supplemental record containing additional nurses notes taken after the patient's admission
HP	History and physical exam—medical history and the results of the physical exam obtained by the emergency room physician assigned to the patient upon arrival at the emergency room
CN	Consultation record—consultations are in essence additional history and physical exams performed by doctors whose expertise was requested by the emergency room physician; the consultation may occur during the emergency room visit or after admission
ER	Emergency room report—where the author of this information is undefined
EN	Emergency room nurse—"nurse/complaint of" section on the emergency room report
ED	Emergency room doctor—"objective/physical exam" section plus "diagnosis and treatment" sections (i.e., doctor portion of emergency room report)
NN	Nurse notes—supplemental record containing additional notes taken by the emergency room nurse(s)
EX	Radiographic records—taken during the patients stay in the emergency room
CV	Coroner's verdict—statement of cause of death for legal specific regarding injuries; care must be exercised to ascertain the credentials of the verdict's author.
CR	Coroner's report—medical information based upon a noninvasive examination performed by a person who is not a doctor but who has the title of a coroner
ET	Emergency medical technician—report by a person who qualifies as an emergency medical services technician (EMS or EMT)
O	Other source—medical information based on an other source (e.g., newspaper, DVM—Doctor of Veterinary Medicine)

RR Registration Record
 PT Physical Therapy

BEST AVAILABLE

PATIENT OR RESPONSIBLE PARTY SIGNATURE _____

PHYSICIAN'S SIGNATURE _____

TIME OF DISCHARGE

MEMORIAL HOSPITAL

REGISTRATION RECORD

ACCOUNT NUMBER		FC	BIRTHDATE	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO
		CM		48			ER	ER	
BUSINESS	SEX	MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME	ADM. SOURCE	BROUGHT BY	ADMIT DATE	ADMIT TIME
NO	F	M	NO		SAME	7	AMBUL	95	09:55AM
ACCIDENT	ACCIDENT TIME	ONSET DATE	REL TO PREGNANCY	RELIGION	CHURCH			95	DISCHARGE TIME
01		95	NO					95	
COUNTY		COU		RELATIVE	SSN / PHYS		ADM: M.D.		
OF AMERICA							EMPLOYEE BENEFIT ADMINISTRATOR		
PHONE				INSURANCE			PRECERT		
OF AMERICA							no ins cards / they burnt in wreck.		
							PRECERT		
ADMITTING DIAGNOSIS / COMPLAINT					REMARKS:				DRG
FINAL DIAGNOSES:									891.C
									86.59
OPERATIONS AND PROCEDURES									
DISPOSITION									
<input type="checkbox"/> HOME					<input type="checkbox"/> DIED UNDER 48 HOURS				<input type="checkbox"/> AUTOPSY
<input type="checkbox"/> ADMIT / TIME					<input type="checkbox"/> DIED OVER 48 HOURS				<input type="checkbox"/> TRANSFERRED HOSPITAL
					<input type="checkbox"/> -NO AUTOPSY				<input type="checkbox"/> AGAINST ADVICE
					<input type="checkbox"/> TRANSFERRED EFC				<input type="checkbox"/> OTHER
CONSULTATION WITH					CONDITION ON DISCHARGE:				

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge

TIME / DATE _____

SIGNED _____ PHYSICIAN

PATIENT: MR NO.:
PHYSICIAN: X-RAY NO.:
ROOM NO.: ER

DATE: 95

PATIENT HISTORY: Motor vehicle accident.

THREE VIEWS OF THE RIGHT ANKLE: There is no evidence of fracture or other bony abnormality. A small amount of air is seen in the distal leg medially compatible with laceration. No opaque soft tissue foreign bodies are seen.

IMPRESSION: Normal right ankle.

THREE VIEWS OF THE RIGHT KNEE: There is no evidence of fracture or other acute bony abnormality. No joint fluid is seen.

IMPRESSION: Normal right knee.

THREE VIEWS OF THE LEFT KNEE: Normal.

D: 95
T: 95

, M.D.

RADIOLOGY

Page 1

LABORATORY REPORT

BEST AVAILABLE

IMPRINT PATIENT NAME HERE

#3

TO ATTACH THE THIRD REPORT, PULL OFF THE TWO PROTECTIVE PATCHES INDICATED BY THE ARROWS.

THE PRESSURE-SENSITIVE GLUE WILL BE EXPOSED AND FIRMLY PRESS THE REPORT OVER THE EXPOSED AREA.

BE SURE TOP OF FORM IS EVEN WITH THE LINE ON THE CHART SHEET.

COLLECTED BY	DATE	TIME	REVIEWED BY	TIME

Pt ID: 100 SSF: 100 MGP: 100 Fam Phys: 100 DOB: 100 48 W F Room: 100 Type: ER
 Adm Phys: 100 Req Phys: 100
 Admitted: 100 Adm Dx: 100

Urinalysis, w/ Microscopic (UAM)

Date Collect: 10/10/95 Time Collect: 10:30
 Priority: STAT
 Collect Method: Clean Catch
 Comments:

Color	Results
<u>Yell</u>	Protein <u>neg</u>
<u>Clear</u>	Glucose <u>neg</u>
<u>1.015</u>	Ketones <u>neg</u>
<u>7.0</u>	Urobili <u>neg</u>
<u>neg</u>	Bilirubin <u>neg</u>
<u>neg</u>	Blood <u>neg</u>

HOSPITAL

Pt ID: 95 SSF: 95 MGP: 95 Fam Phys: 95 DOB: 95 48 W F Room: 95 Type: ER
 Adm Phys: 95 Req Phys: 95
 Admitted: 95 Adm Dx: MVA/LACERATIONS

Urinalysis, w/ Microscopic (UAM)

Date Collect: 10/10/95 Time Collect: 10:30
 Priority: STAT
 Collect Method: Clean Catch
 Comments:

WBC/hpf	Results
<u>0-1</u>	RBC/hpf <u>0</u>
<u>0-10</u>	Casts/lpf <u>0</u>
<u>0</u>	Crystals <u>0</u>
<u>0</u>	Amorph Sed <u>0</u>

HOSPITAL

COLLECTED BY	DATE	TIME	REVIEWED BY	TIME

REGISTRATION RECORD

UNIT NUMBER		FC	BIRTHDATE	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO
		CM		48			ERA	ER	
4	SEX	MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME	ADM. SOURCE	BROUGHT BY	ADMIT DATE	ADMIT TIME
10	F	M	NO		SAME	7	AMB	-95	
AT	ACCIDENT TIME	ONSET	REL TO PREGNANCY	RELIGION	CHURCH	ADMIT BY	DISCHARGE DATE	DISCHARGE TIME	AM PM
1			-95	NO			95		
COUNTY			RELATIVE	SSN / PHYSICIAN			ADM: . M. D.		
OF AMERICA			COUNTRY	EMPLOYEE BENEFIT ADMINISTRATOR					
PHONE			INSURANCE	PRECERT					
OF AMERICA				PRECERT					
				PRECERT					

TING DIAGNOSIS / COMPLAINT

REMARKS.

DRG

T KNEE INJURY

DIAGNOSES:

D/E

No continuity
lacerationsR ROM
D/c splint

Flu: WK exam.

Both 5 o'clock inj both knees
 (L) - 2 9 mod ant lacerations sup to
 on spring 924.11
 No eff, lig & toob, from
 mod sprain ant ecchymosis
 (R) - ant ecchymosis, No eff, lig
 toob, noted locking lost Nite-
 Neg Med exam.
 X ray - Neg.

ATIONS
ROCEDURES

SITION:

☐ HOME☐ DIED UNDER 48 HOURS☐ AUTOPSY☐ TRANSFERRED HOSPITAL☐ AGAINST ADVICE☐ ADMIT TIME☐ DIED OVER 48 HOURS☐ NO AUTOPSY☐ TRANSFERRED EFC☐ OTHER

ILTATION WITH

CONDITION ON DISCHARGE

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge

TIME DATE

SIGNED

PHYSICIAN

EMERGENCY DEPARTMENT RECORD

G LT KNEE INJURY

BIRTHDATE		SOC. SEC. NO		MEDICAL RECORD NO	
95					
CHIEF COMPLAINT				ARRIVAL BY: <input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Ambulance <input type="checkbox"/> Police	
NURSES	To ED for ortho evaluation of (L) knee injury.				TRIAGE: <input checked="" type="checkbox"/> Non-urgent <input type="checkbox"/> Urgent <input type="checkbox"/> Emergent <input checked="" type="checkbox"/> Scheduled
NOTES	Cephalosporins				TIME:
	Allergies: Darvon Pen, Codeine				
MEDICATIONS - CURRENT		SIGNATURE			
Premarin Emuquin					
CONDITION ON ADMISSION	TEMP.	ORAL RECTAL AXILLARY	R.	BP.	LAST ATE
Short					
PHYSICIANS' REPORT	TIME SEEN	AM PM			
	DIAGNOSIS:				
			CONDITION ON DISCHARGE:		
PROCEDURES:			DISPOSITION:		
ORDERS			MEDICATIONS		
INSTRUCTIONS					
I HAVE RECEIVED AND UNDERSTAND THE INSTRUCTIONS ABOVE					
PATIENT OR RESPONSIBLE PARTY SIGNATURE		PHYSICIAN'S SIGNATURE			
S		Pt needs physical understanding			

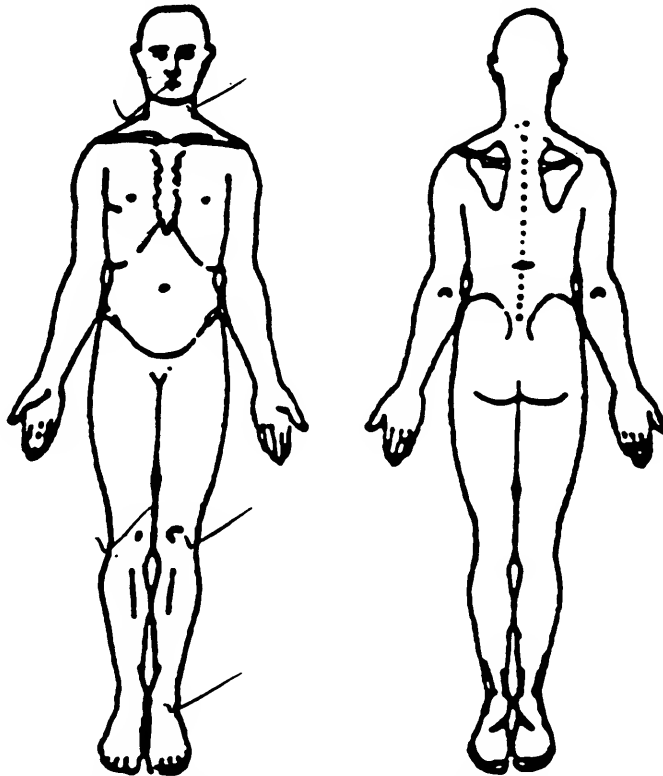
PHYSICAL THERAPY DEPARTMENT
PATIENT QUESTIONNAIRE

PATIENT'S NAME _____ REFERRING PHYSICIAN _____

OCCUPATION _____ INSURANCE CO. _____

HAVE YOU RECEIVED PHYSICAL THERAPY THIS YEAR? No WHEN? _____

PLEASE MARK THE AREA WHERE YOU HAVE YOUR PAIN, NUMBNESS, OR TINGLING.



WHAT DATE DID YOU HAVE SURGERY OR FIRST NOTICE YOUR PAIN? _____

WERE YOU INVOLVED IN AN ACCIDENT? (PLEASE DESCRIBE) Yes - a school pulled out in front of my cube van

WHAT HEALTHCARE PROFESSIONALS HAVE YOU SEEN REGARDING THIS PAIN? All over - both knees left the most

WHAT DIAGNOSTIC TESTS HAVE YOU HAD? (CIRCLE) X-RAYS MRI CT SCAN EMG
WHAT WERE THE RESULTS? _____

WHAT ACTIVITY OR MOVEMENT MAKES YOUR PAIN DECREASE? _____

WHAT ACTIVITY OR MOVEMENT MAKES YOUR PAIN INCREASE? Keep it still

PHYSICAL THERAPY/SPORTS MEDICINE

Dx:

Rx:

Onset Date:

BEST AVAILABLE

YEAR: 95 MONTH:

Therapeutic Exercise

Evaluation

Gait Training

Hot Pack

Ultrasound Setting:

Phonophoresis Setting:

Ice Bag () Cup ()

E. Stim Type:

Traction PTR () CTR ()

Isok. Exercise

Isok. Test Jt:

Mobilizations

Massage Local () Gen ()

Jobst Compression

Whirlpool Ster. ()

Home Instruction

Hyperbaric O₂

Debridement

Dressings & Bandages

S: 48 yo. ♀ Multiple contusions & lacerations. Orders for FWB gait & catches on walker.

FWB = Full weight bearing

O: Pt inst in gait & Walker PWB (L).

Pt plans to rent a walker at

Verbal inst. in stepping up & down 1 step using the walker.

Pt tol. gait well.

GOALS:

P: No further Rx's scheduled.

Therapist Signature

Physician's Signature

PATIENT:
PHYSICIAN:

MR NO.:
X-RAY NO.:
ROOM NO.: OP

DATE: 95

MRI OF THE LEFT KNEE

HISTORY: Dashboard type injury. Medial pain and clicking.

Multiplanar MRI images were obtained of the left knee.

The anterior and posterior cruciate ligaments are normal in appearance. No meniscal tears are demonstrated in the medial or lateral meniscus. The medial and lateral collateral ligaments are normal in appearance. No significant joint effusion is demonstrated. Somewhat heterogenous area of low signal intensity is demonstrated in the anterior aspect of the patella on the T1 weighted images. This shows some bright signal intensity on the T2 weighted images and is consistent with a contusion. No fracture is seen. No other bony contusions are demonstrated.

- IMPRESSION:**
1. Signal demonstrated in the anterior patella is compatible with a contusion.
 2. No other significant abnormalities are demonstrated in the left knee. No ligamentous or meniscal injuries are noted.

D: 95
T: 95

, M.D.

RADIOLOGY

Page 1

REGISTRATION RECORD

ACCOUNT NUMBER			FC	BIRTHDATE	AGE	PRIOR VISIT DATE	ROOM / BED	SERVICE	PATIENT TYPE	MEDICAL RECORD NO
			CM		49			XRAY	OP	
UBUSH	SEX	MS	ADV. DIR.	PRIOR ADMISSION DATE	PRIOR NAME	ADM SOURCE	BROUGHT BY	ADMIT DATE	ADMIT TIME	
NO	F	M	NO		SAME	1	AMB	75		
ACCIDENT	ACCIDENT TIME			REL TO PREGNANCY	RELIGION	CHURCH	ADMIT BY	DISCHARGE DATE	DISCHARGE TIME	
05				95	NO			95		
IN COUNTY				RELATIVE				SSN / PHYS	ADM: ., M.D.	
OF AMERICA				COU	EMPLOYEE BENEFIT ADMINISTRATOR					
IN				INSURANCE	PRECERT					
PHONE					PRECERT					
OF AMERICA					PRECERT					
ADMITTING DIAGNOSIS / COMPLAINT						REMARKS:			DRG	
INJURY RT AND LFT KNEES										
FINAL DIAGNOSES:										

OPERATIONS
AND PROCEDURES

DISPOSITION:		<input type="checkbox"/> HOME	<input type="checkbox"/> DIED UNDER 48 HOURS	<input type="checkbox"/> AUTOPSY	<input type="checkbox"/> TRANSFERRED HOSPITAL	<input type="checkbox"/> AGAINST ADVICE
		<input type="checkbox"/> ADMIT TIME	<input type="checkbox"/> DIED OVER 48 HOURS	<input type="checkbox"/> NO AUTOPSY	<input type="checkbox"/> TRANSFERRED EFC	<input type="checkbox"/> OTHER
CONSULTATION WITH					CONDITION ON DISCHARGE	

I certify that the narrative descriptions of the principle and secondary diagnoses and the major procedures performed are accurate and complete to the best of my knowledge

TIME / DATE

SIGNED

PHYSICIAN



01 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 50 meters (164 feet) west of impact



02 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 30 meters (98 feet) west of impact



03 -- 1986 Chevrolet-Bluebird school bus's eastward travel path in eastbound lane ~ 15 meters (49 feet) west of impact



04 -- 1986 Chevrolet-Bluebird school bus driver's southwest view from STOP sign; NOTE: large trees and recently cut down cornfield



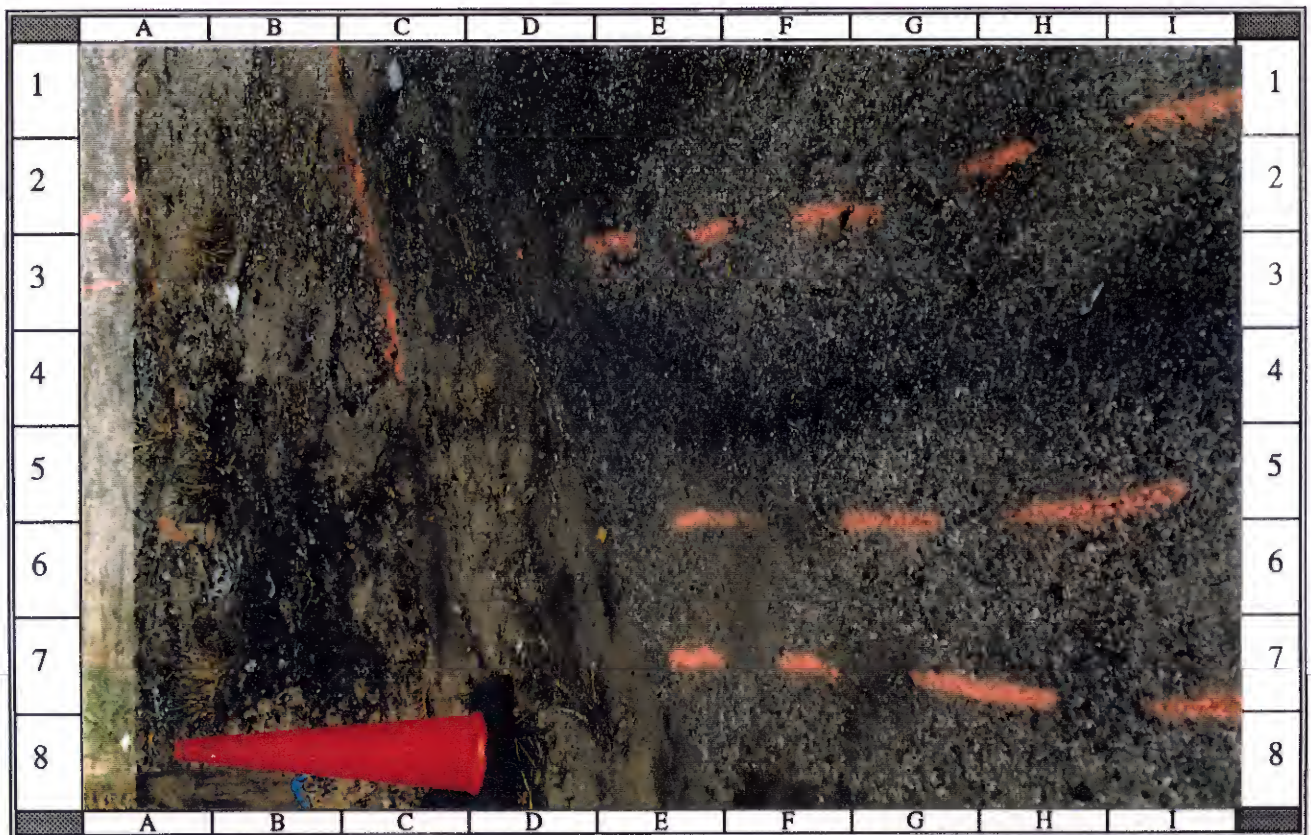
05 -- 1986 Chevrolet-Bluebird's eastward travel path ~ 3 m (10 ft) east of impact; NOTE: replaced utility pole on NE corner (cells B1--B5)



06 -- Northeastward view of 1986 Chevrolet-Bluebird school bus's left rear tire mark (cells G3--H2) during CCW rotation to impact @ pole



07 -- Northeastward view of final rest area of 1985 Chevrolet cutaway van; NOTE: school bus's left rear curved scuff mark (cells I8-H6)



08 -- Close-up view of 1986 Chevrolet-Bluebird school bus's curved left rear scuff mark toward final rest position (cells I3-D3)



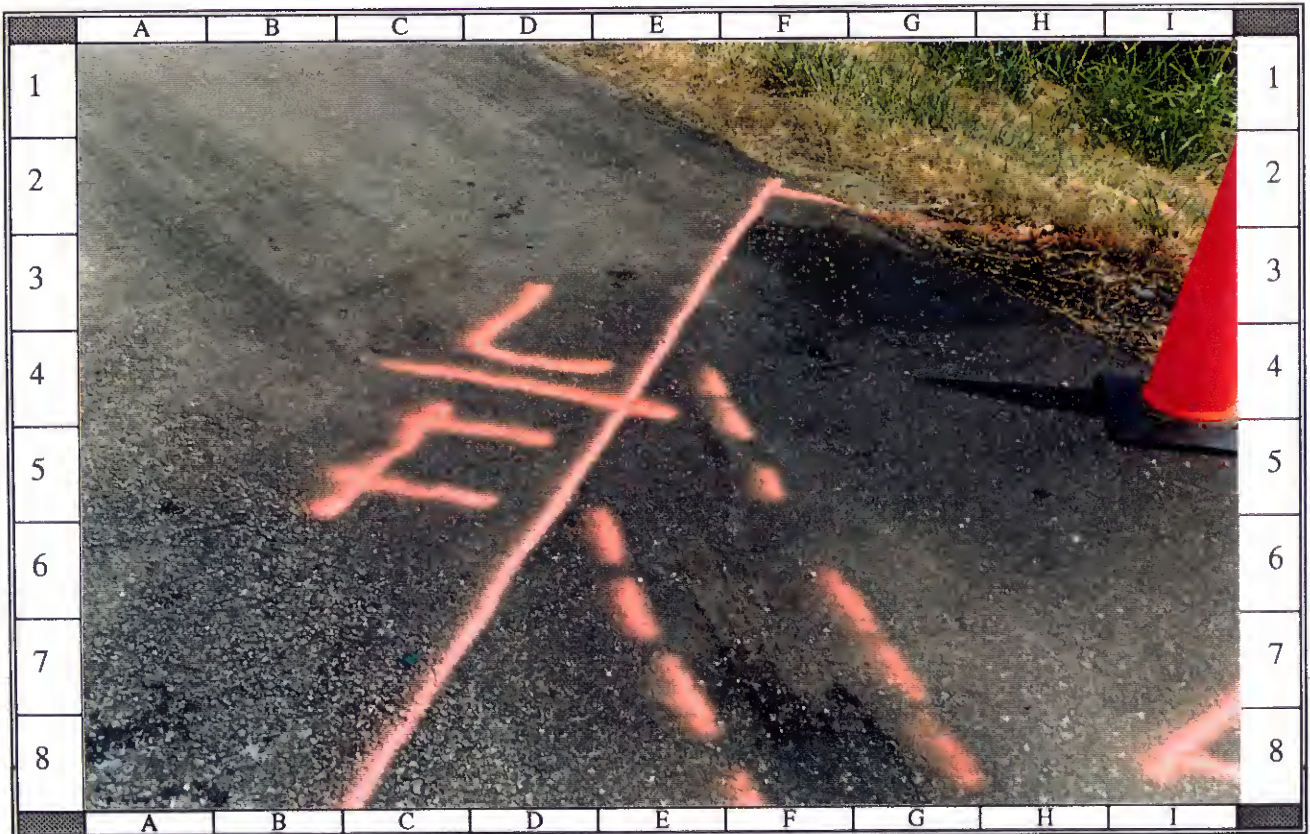
09 -- Southeastward view of 1986 Chevrolet-Bluebird school bus @ FRP blocking east leg of intersection; NOTE: bus outlined in red



10 -- Southeastward view of 1986 Chevrolet-Bluebird school bus @ FRP; NOTE: red safety cone and triangle indicate front of bus



11 -- Southeast close-up view of 1986 Chevrolet-Bluebird school bus's right front tire mark at final rest



12 -- Southeast close-up view of 1986 Chevrolet-Bluebird school bus's left front tire mark at final rest and westward removal mark



13 -- Northwestward view of 1986 Chevrolet-Bluebird school bus @ FRP heading SE; NOTE: burned area on grass and roadway in foreground



14 -- Westward view of 1986 Chevrolet-Bluebird school bus's eastward travel path from beyond final rest position



15 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 75 meters (246 feet) south of impact



16 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 50 meters (164 feet) south of impact; NOTE: school bus



17 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 35 meters (115 feet) south of impact



18 -- 1985 Chevrolet cutaway van's northward travel path in northbound lane ~ 3 m (10 ft) south of impact; NOTE: van's FRP near red cone



19 -- Northeastward view of 1985 Chevrolet cutaway van's removal marks and gouges leading from van's final rest position



20 -- Southwestward view of 1985 Chevrolet cutaway van @ final rest position heading northeast from beyond area of final rest



21 -- Southward view of 1985 Chevrolet cutaway van's northward travel path from north of point of impact



22 -- 1986 Chevrolet-Bluebird school bus's front showing burn damage to left roof and engine compartment



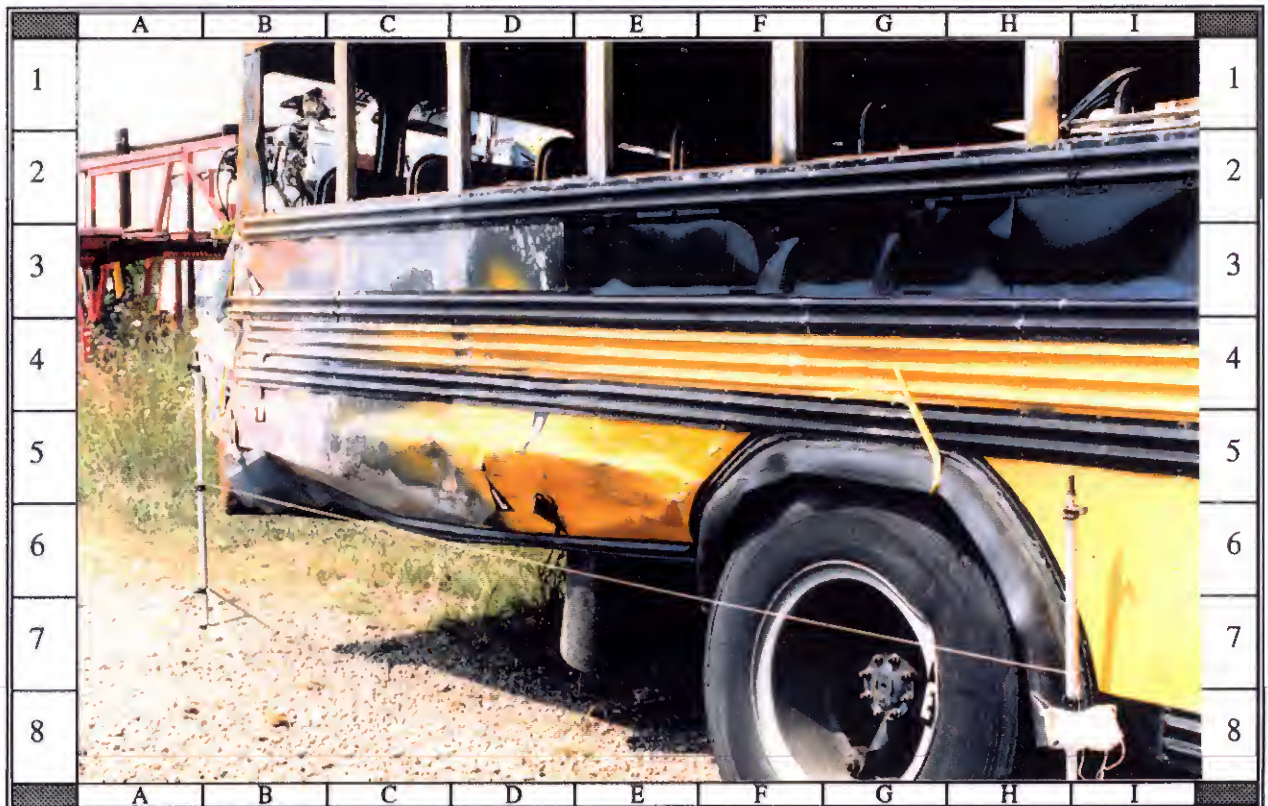
23 -- Close-up view of fire damage to 1986 Chevrolet-Bluebird school bus's right engine compartment



24 -- 1986 Chevrolet-Bluebird school bus's damaged front and right side viewed from ~ 45 degrees right of front



25 -- 1986 Chevrolet-Bluebird school bus's right rear damage from impact with 1985 Chevrolet cutaway van--from ~ 10 degrees front of R



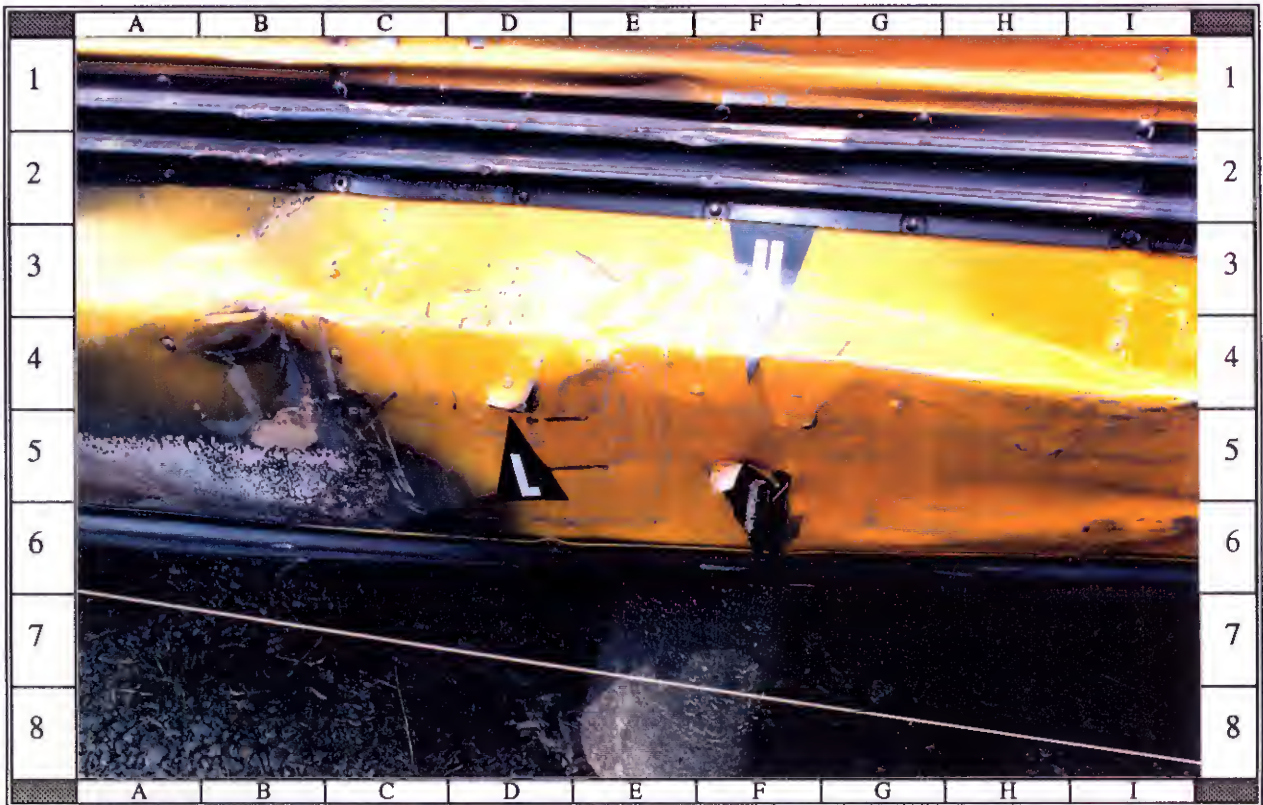
26 -- 1986 Chevrolet-Bluebird school bus's right rear damage from impact with 1985 Chevrolet cutaway van--from ~ 60 degrees front of R



27 -- Close-up of 1986 Chevrolet-Bluebird school bus's right rear rim showing start of direct damage (E) on rim



28 -- 1986 Chevrolet-Bluebird school bus's damaged right rear from right showing length of direct damage and fire damage



29 -- Close-up of 1986 Chevrolet-Bluebird school bus's right rear panel gouges and tears (L and H)



30 -- 1986 Chevrolet-Bluebird school bus's crash and fire damage from back right showing damage from van (P and N) and melted aluminum (M)



31 -- 1986 Chevrolet-Bluebird school bus's fire and right rear crash damage viewed from ~ 30 degrees right of back



32 -- 1986 Chevrolet-Bluebird school bus's right rear crash damage and back and right fire damage viewed from ~ 45 degrees right of back



33 -- 1986 Chevrolet-Bluebird school bus's right rear damage from ~ 10 degrees right of back; NOTE: height of direct damage



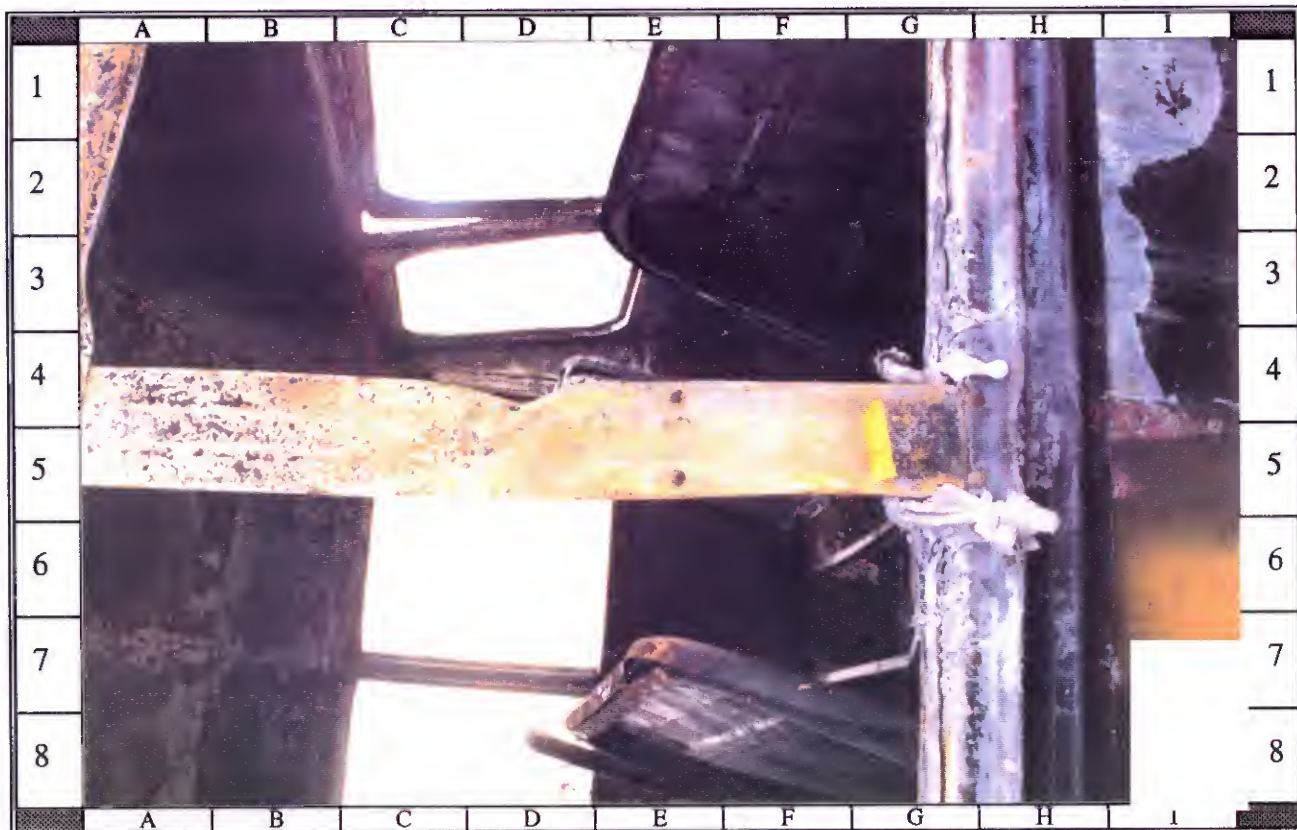
34 -- 1986 Chevrolet-Bluebird school bus's fire damaged back; NOTE: all glazing destroyed and aluminum windows melted



35 -- 1986 Chevrolet-Bluebird school bus's damaged left rear from impact with utility pole; NOTE: panel (cell B2) folded inward



36 -- 1986 Chevrolet-Bluebird's direct damage to left roof (A4--B3), window frame (C1 and C5), and side body panel shown by yellow tape



37 -- Close-up of direct damage to left rear window frame of 1986 Chevrolet-Bluebird school bus from utility pole impact



38 -- Close-up of direct damage to side body panel of 1986 Chevrolet-Bluebird school bus; NOTE: direct damage starts at yellow tape



39 -- 1986 Chevrolet-Bluebird school bus's left side fire and interior roof surface fire damage viewed from ~ 30 degrees left of back



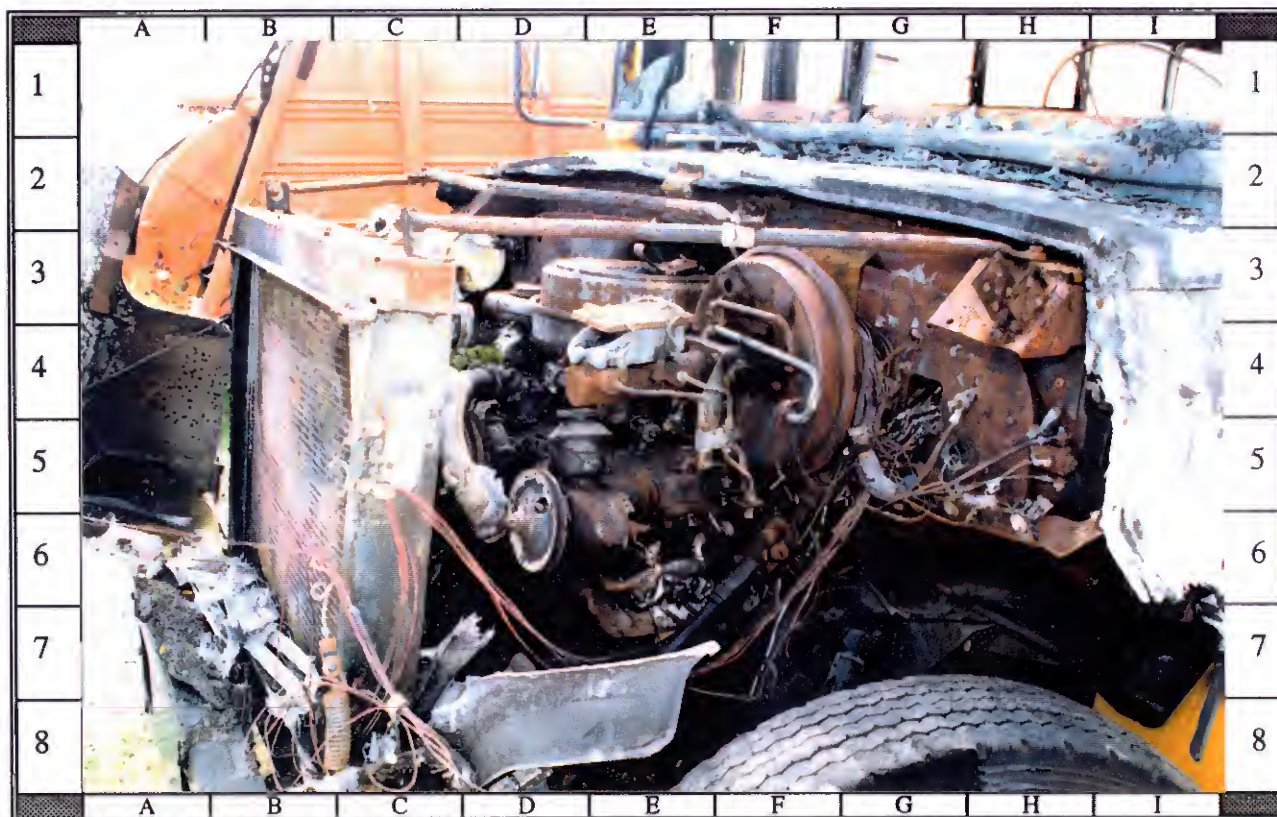
40 -- 1986 Chevrolet-Bluebird school bus's left rear fire damage and direct damage from utility pole viewed from ~ 30 degrees left of front



41 -- 1986 Chevrolet-Bluebird school bus's left side showing fire damage mainly to greenhouse and roof viewed from ~ 30 degrees left of front



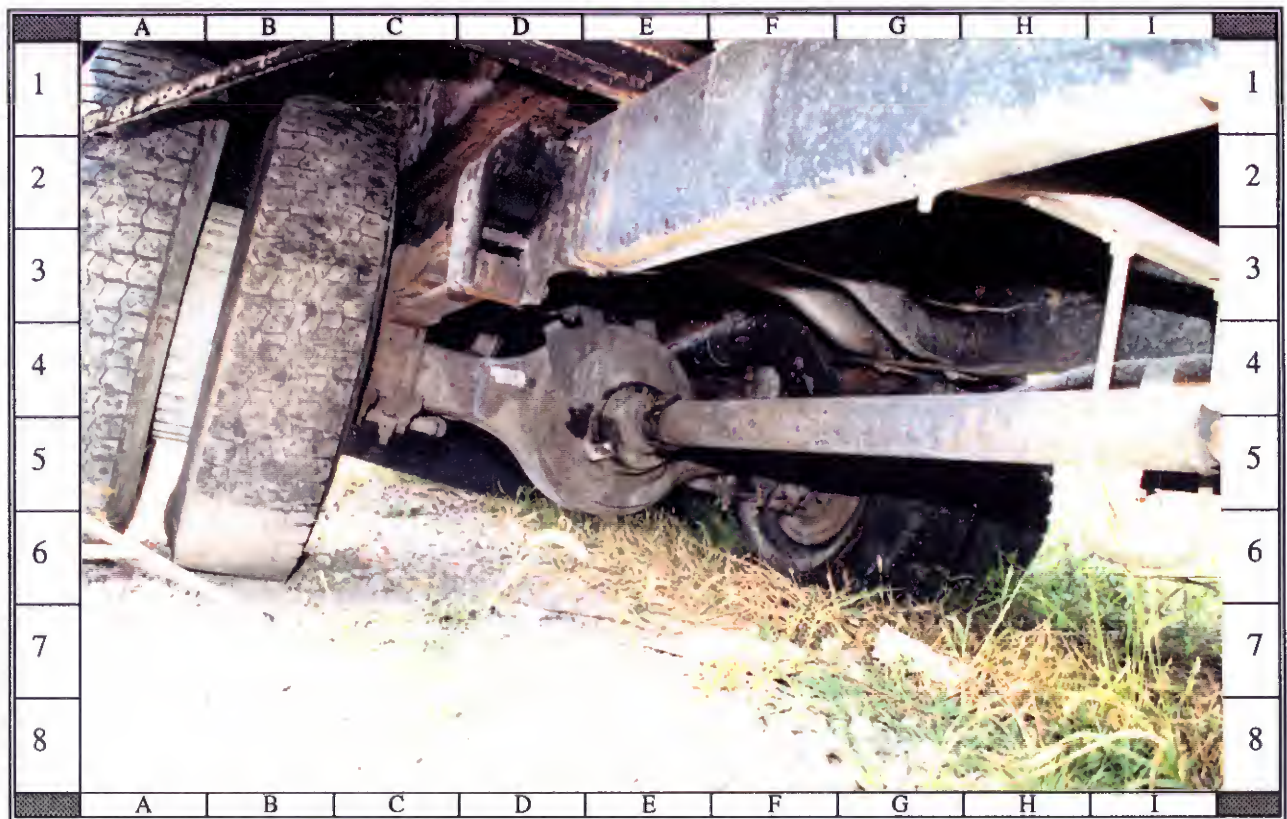
42 -- Reference line view of 1986 Chevrolet-Bluebird school bus's front viewed from left showing fire damage to engine compartment cover



43 -- Close-up of fire damage to engine compartment of 1986 Chevrolet-Bluebird school bus



44 -- 1986 Chevrolet-Bluebird school bus's fire damaged roof and engine compartment cover viewed from ~ 15 degrees left of front



45 -- 1986 Chevrolet-Bluebird school bus's undamaged drive shaft, universal joint housing, and undercarriage viewed from front right



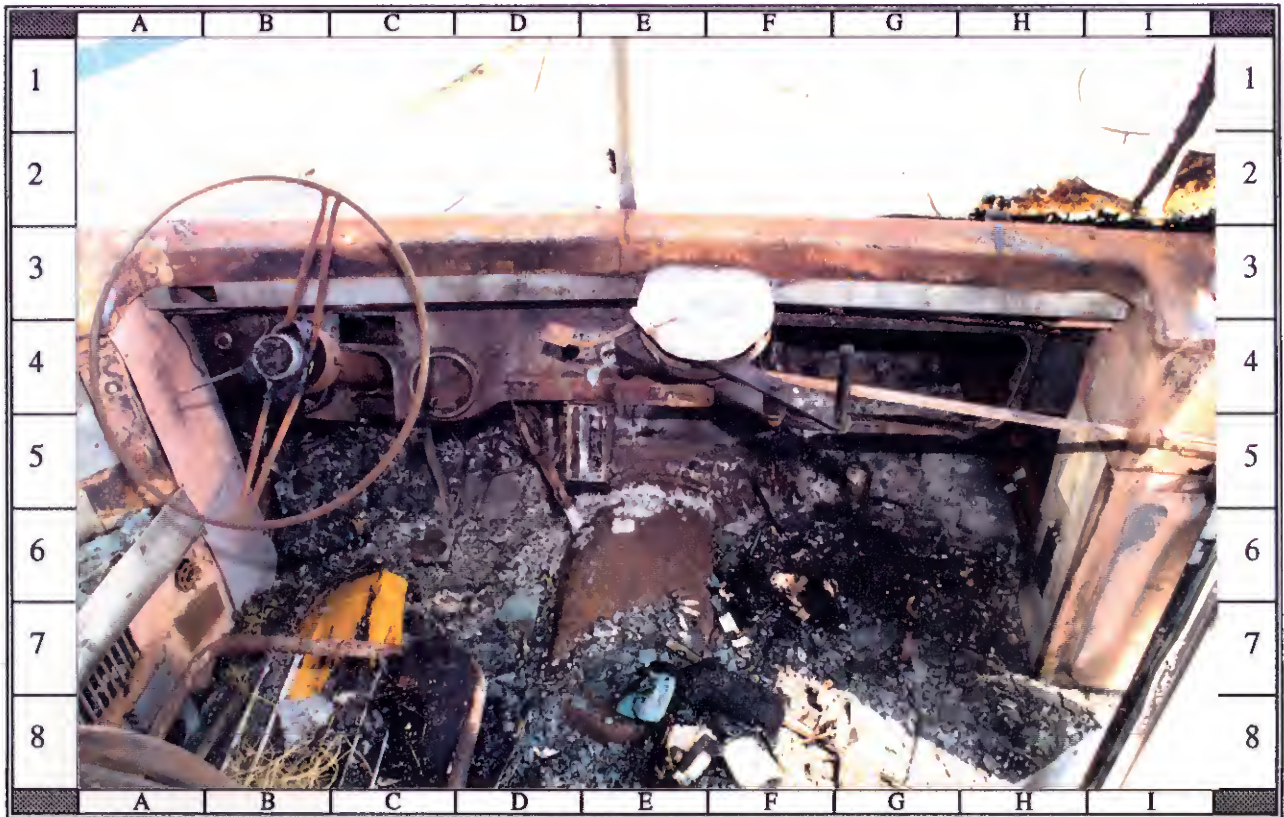
46 -- 1986 Chevrolet-Bluebird school bus's undamaged fuel tank located between right frame rail and right side panel viewed from rear



47 -- 1986 Chevrolet-Bluebird school bus's undamaged fuel tank located outside of right frame rail viewed from rear



48 -- 1986 Chevrolet-Bluebird school bus's burnt driver seating area viewed from right front entry/exit stairwell



49 -- 1986 Chevrolet-Bluebird school bus's burnt driver door lever, seating area, and instrument panel viewed from bus aisle



50 -- Close-up of 1986 Chevrolet-Bluebird's burnt driver seating area from center aisle showing light switches and destroyed 2-way radio



51 -- 1986 Chevrolet-Bluebird school bus's burnt interior from center aisle showing first three rows, driver control area, and roof



52 -- 1986 Chevrolet-Bluebird school bus's burnt rearmost ten seating rows, roof, center aisle, and rear door viewed from front



53 -- Close-up of 1986 Chevrolet-Bluebird's burnt right side seat over R rear wheel where impact occurred; NOTE: all rows were similar



54 -- 1985 Chevrolet cutaway van's frontal damage and burnt exterior with contour gauge set up; NOTE: collapse of rear cargo area



55 -- Close-up of 1985 Chevrolet cutaway van's frontal damage and burnt exterior; NOTE: vertical rod indicates maximum crush



56 -- Closer-up view of left headlight area of 1985 Chevrolet cutaway van; NOTE: M points out ribbed like damage from bus's side panel



57 -- Closer-up view of 1985 Chevrolet cutaway van's front bumper; H points out melted aluminum from 1986 Chevrolet-Bluebird's windows



58 -- 1985 Chevrolet cutaway van's front crash damage and fire damage viewed from ~ 45 left of front with contour gauge present



59 -- 1985 Chevrolet cutaway van's front crash damage and fire damage viewed from ~ 75 left of front; NOTE: rear cargo area collapse



60 -- Reference line view of 1985 Chevrolet cutaway van's front damage from left with contour gauge present



61 -- Close-up reference line view from left showing 1985 Chevrolet cutaway van's frontal crush; NOTE: crush greater to front right



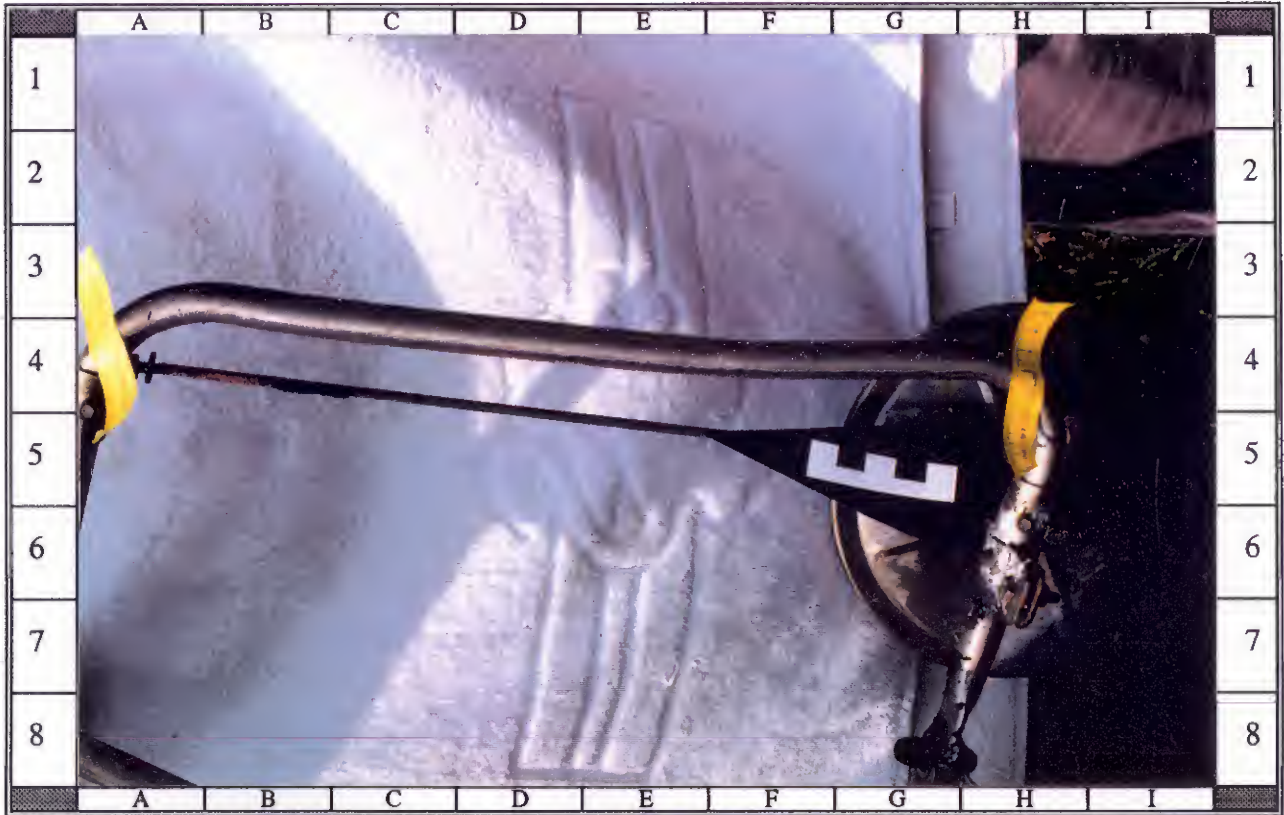
62 -- Closer-up view of frontal crush to 1985 Chevrolet cutaway van; NOTE: max crush and melted aluminum on hood near C5--vertical rod



63 -- Overhead view of 1985 Chevrolet cutaway van's frontal crush;
NOTE: drive shaft and other debris piled in interior



64 -- 1985 Chevrolet cutaway van's damaged left outside rearview mirror;
NOTE: direct damage to mirror (E) occurred during CW rotation



65 -- Close-up view of 1985 Chevrolet van's left outside rearview mirror from front damaged during CW rotation; NOTE: scratches on bar



66 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 45 degrees left of back; NOTE: cargo area roof collapse



67 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 10 degrees left of back; NOTE: customized add-on rear bumper



68 -- 1985 Chevrolet cutaway van's fire damaged cargo area viewed from ~ 15 degrees right of back; NOTE: customized add-on rear bumper



69 -- Close-up view of 1985 Chevrolet cutaway van's customized add-on step-up bumper viewed from ~ 30 right of back



70 -- 1985 Chevrolet cutaway van's fire damaged and collapsed rear cargo area viewed from ~ 60 right of front



71 -- 1985 Chevrolet cutaway van's frontal crush and fire damaged front cargo area and cab viewed from right



72 -- Reference line view of 1985 Chevrolet cutaway van's front damage from right with contour gauge present



73 -- Close-up reference line view from right showing 1985 Chevrolet cutaway van's frontal crush; NOTE: crush greater to front right



74 -- Close-up of right headlight area of 1985 Chevrolet cutaway van; NOTE: L points out ribbed like damage from bus's side panel



75 -- Frontal view of 1985 Chevrolet cutaway van's front seating area;
NOTE: drive shaft and cargo area debris obscures front seats



76 -- 1985 Chevrolet cutaway van's front seating area from front right
showing piled debris, bucket seats, and integral head restraints